01/29/04

----- MONTHLY AVERAGE -----

----- MONTHLY AVERAGE -----#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,242 MOP024 FEE-FOR-SERVICE/DENTAL
YUBA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED 01/29/04 AID CODE 10

5,982 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	132	357 \$	6,392.72	\$ 17.91	.060 \$		
DIAGNOSTIC AND ANC. PROCED	15	15	535.19	35.68	.003	35.68	.09
EYE APPLIANCES	105	297	5,062.44	17.05	.050	48.21	.85
OTHER OPTOMETRIC SERVICES	26	45	795.09	17.67	.008	30.58	.13
@CHIROPRACTOR	8	18 \$	199.80	\$ 11.10	.003 \$	24.98	\$ .03
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	8	18	199.80	11.10	.003	24.98	.03
@PODIATRIST	61	79 \$	951.39	\$ 12.04	.013 \$		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	61	79	951.39	12.04	.013	15.60	.16
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE ANESTHESIST	3	61 \$	133.52	\$ 2.19	.010 \$	44.51	\$ .02
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	1	5 \$	99.03	\$ 19.81	.001 \$	99.03	\$ .02
@TOTAL HOSPITAL	348	1,570 \$	366,077.91	\$ 233.17	.262 \$		\$ 61.20
HOSP INPATIENT TOTAL	133	583	343,035.82	588.40	.097	2579.22	57.34
HSC HOSPITALS	3	12	11,053.37	921.11	.002	3684.46	1.85
NON-HSC HOSPITAL TOTAL	23	116	244,419.13	2107.06	.019	10626.92	40.86
ACCOMMODATIONS	23	116	46,918.03	404.47	.019	2039.91	7.84
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	23	116	46,918.03	404.47	.019	2039.91	7.84
ANCILLARIES	23	0	197,501.10	.00	.000	8587.00	33.02
INPATIENT CROSSOVERS	107	455	87,563.32	192.45	.076	818.35	14.64
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	236	987	23,042.09	23.35	.165	97.64	3.85
MEDICAL	3	3	139.95	46.65	.001	46.65	.02
SURGERY	1	1 10	90.75	90.75	.000	90.75	.02
PATHOLOGY	2	2	106.82 132.98	10.68 66.49	.002	53.41 66.49	.02 .02
RADIOLOGY	2	5	314.65	62.93	.001	157.33	.05
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	232	966	22,256.94	23.04	.161	95.94	3.72
@COUNTY HOSPITAL TOTAL	2 2	9 \$	21.87	\$ 2.43	.002 \$	10.94	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.002 \$	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	Ö	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	9	21.87	2.43	.002	10.94	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	9	21.87	2.43	.002	10.94	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO	ONTH-OF-PAYMENT R	EPORT FOR JAN 2	UU3 THRU DE	2003	PAGE 18,243
MOP024	FEE-FOR-SERVICE	•	y CED	ATD CODE	1.0		01/29/04
YUBA COUNTY	SUMMAKI OF SERV	ICES FOR CASH GRANT	- AGED	AID CODE	MON'	יים מווע עוטים	CF
5,982 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
3,702 111011110	CDLICD	OTITED OF DELICATOR	7777 7747 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	114 11/1/1011 CODI	011110/ 1/1110		CODITION

		OR DAYS OF CARE			וחס	אמר/ידואוו פ	PER ELIC	1	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	346	1,561	\$	366,056.04	\$	234.50	.261		1057.97	\$	61.19
COMM HOSP INPATIENT TOTAL	133	583	Ψ.	343,035.82	Υ	588.40	.097	т	2579.22	Ψ.	57.34
HSC HOSPITALS	3	12		11,053.37		921.11	.002		3684.46		1.85
NON-HSC HOSPITALS TOTAL	23	116		244,419.13		2107.06	.019		10626.92		40.86
ACCOMMODATIONS	23	116		46,918.03		404.47	.019		2039.91		7.84
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	23	116		46,918.03		404.47	.019		2039.91		7.84
ANCILLARIES	23	0		197,501.10		.00	.000		8587.00		33.02
INPATIENT CROSSOVERS	107	455		87,563.32		192.45	.076		818.35		14.64
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	234	978		23,020.22		23.54	.163		98.38		3.85
MEDICAL	3	3		139.95		46.65	.001		46.65		.02
SURGERY	1	1		90.75		90.75	.000		90.75		.02
PATHOLOGY	2	10		106.82		10.68	.002		53.41		.02
RADIOLOGY	2	2		132.98		66.49	.000		66.49		.02
ROOM USE	2	5		314.65		62.93	.001		157.33		.05
CROSSOVERS/ALL OTH OUTPTNT	230	957		22,235.07		23.23	.160		96.67		3.72
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	Ö	~	.00	Υ	.00	.000	٧	.00	~	.00
DEVELOP. DISABLED	0	Õ		.00		.00	.000		.00		.00
@NURSING FACILITY	53	528	\$	126,735.21	\$	240.03	.088	\$	2391.23	\$	21.19
LEV A-INTERMEDIATE	0	0	Y	.00	Y	.00	.000	٧	.00	٧	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	Õ		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	53	528		126,735.21		240.03	.088		2391.23		21.19
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	Y	.00	Y	.00	.000	٧	.00	٧	.00
ICF DD	0	Õ		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	Ö		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	37	65	\$	31,280.29	\$	481.24	.011	\$	845.41	\$	5.23
HOSPITAL BASED	0	0	~	.00	Υ	.00	.000	٧	.00	~	.00
HEMODIALYSIS CENTER	37	65		31,280.29		481.24	.011		845.41		5.23
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	Ö	~	.00	Υ	.00	.000	٧	.00	~	.00
INDEPENDENT FACILITY	0	Ö		.00		.00	.000		.00		.00
@LABORATORY FACILITY	14	29	\$	388.24	\$	13.39	.005	\$	27.73	\$	.06
PATHOLOGY	6	21	٧	245.98	~	11.71	.004	٧	41.00	~	.04
XO AND OTHERS	8	8		142.26		17.78	.001		17.78		.02
@ORGANIZED OUTPATIENT CLINIC	793	1.442	\$	46,735.74	\$	32.41	.241	Ś	58.94	\$	7.81
CLINIC	2	25	~	503.98	Υ	20.16	.004	т	251.99	Ψ.	.08
SURGICENTER	7	7		1,210.20		172.89	.001		172.89		.20
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	784	1,410		45,021.56		31.93	.236		57.43		7.53
#CALIF DEPT OF HEALTH SERV		•	ES	MONTH-OF-PAYMENT RI	EPOR			DEC		I	PAGE 18,244
MOP024	FEE-FOR-SERVICE		-		_						01/29/04
YUBA COUNTY		ICES FOR CASH GR.	ANT	' - AGED		AID CODE	10				
								IONT	HLY AVERA	GE	
5,982 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY				COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIC	1	USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,146	55,349	\$	192,101.70	\$	3.47	9.253	\$	167.63	\$	32.11
DURABLE MED. EQUIP.	35	43		2,085.41		48.50	.007		59.58		.35
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	30	40		9,423.80		235.60	.007		314.13		1.58
MEDICAL TRANSPORTATION	75	6,915		25,405.44		3.67	1.156		338.74		4.25
AMBULANCES/AIR TRANS	7	89		970.73		10.91	.015		138.68		.16
OTHER TRANS	47	6,535		23,430.10		3.59	1.092		498.51		3.92

OTHER SERVICES	23	291	1,004.61	3.45	.049	43.68	.17
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.01
ADULT DAY HEALTH CARE CTR	8	194	13,363.18	68.88	.032	1670.40	2.23
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	214	1,216	81,223.84	66.80	.203	379.55	13.58
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	119	260	3,548.44	13.65	.043	29.82	.59
PHYSICAL THERAPIST	2	6	5.00	.83	.001	2.50	.00
PORTABLE X-RAY	1	3	3.53	1.18	.001	3.53	.00
PROSTHETIST/ORTHOTISTS	11	19	477.10	25.11	.003	43.37	.08
PROSTHETICS	11	19	477.10	25.11	.003	43.37	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	23	38	2,686.24	70.69	.006	116.79	.45
HOSPICE SERVICES	4	113	12,367.51	109.45	.019	3091.88	2.07
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	20	249.48	12.47	.003	49.90	.04
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	781	46,480	41,219.48	.89	7.770	52.78	6.89
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	1,886	12,093	\$ 290,971.53	\$ 24.06	2.022	\$ 154.28	\$ 48.64

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,245 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 YUBA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

----- MONTHLY AVERAGE -----733 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 500,601.88 528 18,087 27.68 24.675 \$ 948.11 \$ 682.95 @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES 189 848 24,778.95 29.22 1.157 \$ 131.11 \$ OUTPATIENT VISITS 63 90 3,154.26 35.05 .123 50.07 4.30 OFFICE VISITS 86 3,046.92 35.43 .117 51.64 4.16 0 .00 .00 .00 HOME VISITS .000 .00 0 0 4 12 46 11 43 3 0 24 .00 .00 EMERGENCY ROOM .00 .000 .00 .00 .00 .00 PREVENTIVE CARE .000 .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 OTHER OUTPATIENT 107.34 26.84 .005 26.84 .15 INPATIENT VISITS 2,463.60 53.56 .063 205.30 3.36 190.80 HOSPITAL VISITS 2,098.80 48.81 .059 2.86 364.80 121.60 .004 182.40 .50 CRITICAL CARE .000 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 1,017.93 42.41 .033 46.27 1.39 997.93 43.39 .031 EXAMINATIONS SERVICES AND MATERIALS 1 1 20.00 20.00 .001 20.00 .03 7 2,610.77 372.97 522.15 INPATIENT HOSPITAL SURGERY .010 3.56 372.97 522.15 PRINCIPAL SURGEON 2,610.77 .010 3.56 ASSISTANT SURGEON 0 .00 .00 .000 .00 .00 ANESTHESIOLOGIST 0 0 .00 .00 .000 .00 .00 OUTPATIENT SURGERY 49 2,565.32 52.35 .067 213.78 3.50 12 PRINCIPAL SURGEON 10 16 1,720,50 107.53 .022 172.05 2.35 0 0 .00 ASSISTANT SURGEON .00 .000 .00 .00 33 844.82 25.60 .045 140.80 ANESTHESIOLOGIST 1.15 46 DIALYSIS 18 3,840.24 83.48 .063 213.35 5.24 8 17.17 PATHOLOGY 6 103.00 12.88 .011 .14 43.36 45 1,951.28 20.12 .132 RADIOLOGY 2.66 **PSYCHIATRY** 0 .00 .00 .000 .00 .00

IMMUNIZATION AND INJECTION	4	8	153.50	19.19	.011	38.38	.21
OTHER SERVICES/ALL X-OVERS	104	473	6,919.05	14.63	.645	66.53	9.44
@PHARMACY	444	4,665	\$ 166,039.99	\$ 35.59	6.364	\$ 373.96	\$ 226.52
PRESCRIPTION DRUGS	437	1,827	149,721.33	81.95	2.492	342.61	204.26
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	437	1,827	149,721.33	81.95	2.492	342.61	204.26
MEDICAL SUPPLIES	95	2,838	16,318.66	5.75	3.872	171.78	22.26
@DENTIST	25	136	\$ 3,926.50	\$ 28.87	.186	\$ 157.06	\$ 5.36
VISITS - DIAGNOSTIC	15	83	925.50	11.15	.113	61.70	1.26
ORAL SURGERY	5	37	1,370.00	37.03	.050	274.00	1.87
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	3	4	800.00	200.00	.005	266.67	1.09
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	7	8	596.00	74.50	.011	85.14	.81
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	3	3	235.00	78.33	.004	78.33	.32
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 18,246
MOP024	FEE-FOR-SERVICE/DENTAL	L					01/29/04

YUBA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20 ----- MONTHLY AVERAGE -----EXPENDITURES 733 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 11 26 964.43 \$ 37.09 .035 \$ 87.68 \$ 1.32 2 94.90 47.45 DIAGNOSTIC AND ANC. PROCED 2 .003 47.45 .13 869.53 36.23 .033 86.95 EYE APPLIANCES 10 1.19 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR 66.88 16.72 .005 \$ 66.88 \$ .09 .005 VISITS 66.88 16.72 66.88 .09 OTHER SERVICES 0 .00 .00 .000 .00 .00 596.75 45.90 @PODIATRIST 21.31 .038 \$ 20 21.79 435.80 .027 54.48 .59 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 SURGERY/ANES. .00 .000 .00 Ω .00 RADIO./PATHOLOGY . 00 OTHER 8 160.95 20.12 .011 26.83 .22 17 1,205 36,242.05 30.08 2131.89 @HOME HEALTH AGENCY 1.644 \$ 49.44 .000 \$ .00 \$ .00 .00 NURSE ANESTHESIST 0 \$ .00 .00 .000 \$ NURSE MIDWIFE .00 .00 .00 0 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER 35 405.57 11.59 .048 31.20 .55 441 @TOTAL HOSPITAL 151,546.66 343.64 .602 1471.33 \$ 206.75 1854.44 1206.00 76 HOSP INPATIENT TOTAL 2.2 140,937.36 .104 6406.24 192.27 HSC HOSPITALS 1 4 4,824.00 .005 4824.00 6.58 61 7423.41 18 133,621.36 2190.51 .083 182.29 NON-HSC HOSPITAL TOTAL 61 26,204.40 429.58 .083 1455.80 ACCOMMODATIONS .00 .00 ADMINISTRATIVE DAYS Ω Ο .00 .000 .00 TRANSITIONAL IP CARE Ω Ο .00 .00 .000 .00 .00 18 26,204.40 429.58 .083 ALL OTHER ACCOM 1455.80 35.75 18 .000 ANCILLARIES 0 107,416.96 .00 5967.61 INPATIENT CROSSOVERS 3 11 2,492.00 226.55 .015 830.67 3.40 0 0 .00 .00 .000 .00 ALL OTHER INPATIENT .00 HOSP OUTPATIENT TOTAL 91 365 10,609.30 29.07 .498 116.59 14.47 30 59.71 79.61 MEDICAL 40 2,388.35 .055 3.26 801.63 .018 SURGERY 13 61.66 89.07 1.09 39 138 1,613.61 11.69 .188 41.37 2.20 PATHOLOGY 29 51.97 .060 RADIOLOGY 44 2,286.58 78.85 3.12 44 2,191.46 49.81 .060 75.57 ROOM USE 2.99 1,327.67 15.44 .117 49.17 1.81 CROSSOVERS/ALL OTH OUTPTNT .00 @COUNTY HOSPITAL TOTAL .00 .000 \$ .00 \$ .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .00 .00 .000 .000 HSC HOSPITALS .00 .00 .00 .00 .000 NON-HSC HOSPITALS TOTAL .00 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 ANCILLARIES INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .00 ALL OTHER INPATIENT .000 .00 .00 .000 CO HOSP OUTPATIENT TOTAL .00 . 00 .00 MEDICAL .00 .00 .000 .00 .00

										•
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES M	MONTH-OF-PAYMENT I	REPORT	FOR JAN 2	2003 THRU D	EC 2003	P.	AGE 18,247
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR CASH	GRANT	- BLIND		AID CODE	20			
								NTHLY AVERA	_	
733 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES			UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CA	RE		PEF	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	103	441	\$	151,546.66		343.64	.602		\$	206.75
COMM HOSP INPATIENT TOTAL	22	76		140,937.36		1854.44	.104	6406.24		192.27
HSC HOSPITALS	1	4		4,824.00		1206.00	.005	4824.00		6.58
NON-HSC HOSPITALS TOTAL	18	61		133,621.36		2190.51	.083	7423.41		182.29
ACCOMMODATIONS	18	61		26,204.40		429.58	.083	1455.80		35.75
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	18	61		26,204.40		429.58	.083	1455.80		35.75
ANCILLARIES	18	0		107,416.96		.00	.000	5967.61		146.54
INPATIENT CROSSOVERS	3	11		2,492.00		226.55	.015	830.67		3.40
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	91	365		10,609.30		29.07	.498	116.59		14.47
MEDICAL	30	40		2,388.35		59.71	.055	79.61		3.26
SURGERY	9	13		801.63		61.66	.018	89.07		1.09
PATHOLOGY	39	138		1,613.61		11.69	.188	41.37		2.20
RADIOLOGY	29	44		2,286.58		51.97	.060	78.85		3.12
ROOM USE	29	44		2,191.46		49.81	.060	75.57		2.99
CROSSOVERS/ALL OTH OUTPTNT	27	86		1,327.67		15.44	.117	49.17		1.81
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
TOE DOM	^	Ō		0.0		0.0	000	0.0		0.0

ICF DDH 0 0 .00 .00 .000 .00 .00 0 ICF DD .00 .00 .000 .00 .00 ICF DDN/DDCN 0 0 .00 .00 .000 .00 .00 @HEMODIALYSIS TOTAL 37 63,156.24 55.60 1.550 \$ 1706.93 86.16 1,136 HOSPITAL BASED 0 0 .00 .00 .000 .00 .00 HEMODIALYSIS CENTER 37 1,136 63,156.24 55.60 1.550 1706.93 86.16 .00 \$ .00 .000 \$ .00 .00 @REHABILITATION FACILITY \$ HOSPITAL BASED 0 0 .00 .00 .000 .00 .00 INDEPENDENT FACILITY 0 .00 .00 .00 .00 0 .000 51 239 2,973.37 12.44 .326 \$ 58.30 4.06 @LABORATORY FACILITY .326 58.30 PATHOLOGY 239 2,973.37 12.44 4.06 XO AND OTHERS 0 0 .00 .00 .000 .00 .00 @ORGANIZED OUTPATIENT CLINIC 164 270 18,075.92 66.95 110.22 24.66 .368 CLINIC 2 6 208.84 34.81 .008 104.42 .28 3 5 306.55 .007 102.18 SURGICENTER 61.31 .42 0 .00 .00 .000 .00 .00 HEROIN DETOX CLINIC RURAL HEALTH CLINIC 163 259 17,560.53 67.80 .353 107.73 23.96

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

#CALIF DEPT OF HEALTH SERV MOP024

YUBA COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

PAGE 18,248

01/29/04

						MC	NTHLY AVERA	GE
733 ELIGIBLES	USERS	UNITS OF SERVICE	EΣ	PENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	129	9,054	\$	31,828.57	\$ 3.52	12.352	\$ 246.73	\$ 43.42
DURABLE MED. EQUIP.	15	60		4,775.07	79.58	.082	318.34	6.51
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	12		879.09	73.26	.016	175.82	1.20
MEDICAL TRANSPORTATION	44	3,646		15,432.93	4.23	4.974	350.75	21.05
AMBULANCES/AIR TRANS	24	111		2,722.07	24.52	.151	113.42	3.71
OTHER TRANS	16	3,502		12,482.35	3.56	4.778	780.15	17.03
OTHER SERVICES	5	33		228.51	6.92	.045	45.70	.31
ACUPUNCTURE	1	2		24.34	12.17	.003	24.34	.03
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	15	50		4,039.36	80.79	.068	269.29	5.51
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	11	31		395.72	12.77	.042	35.97	.54
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	29		3,818.24	131.66	.040	636.37	5.21
PROSTHETICS	6	29		3,818.24	131.66	.040	636.37	5.21
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6		189.65	31.61	.008	63.22	. 26
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	72		305.72	4.25	.098	33.97	.42
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	29	5,146		1,968.45	.38	7.020	67.88	2.69
@CALIF. CHILDREN SERVICES*	11	340	\$	16,385.38	\$ 48.19	.464	\$ 1489.58	\$ 22.35
@XOVER EXCLUDING STATE HOSP**	95	432	\$	22,069.76	\$ 51.09	.589	\$ 232.31	\$ 30.11
@* TOTALS IN THESE LINES ARE GIV	EN AS A SEPARA	TE INFORMATION IT	EM ONLY;					
THE AMOUNTS ARE ALREADY INCLU	DED IN THE APP	ROPRIATE DETAIL L	INES ABOV	Æ.				

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,249
MOPO24 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

1021 000111	001111111111111111111111111111111111111	VIOLO I OIL OILDII OILIIII	D = 01 11 11 11 11 11 11 11 11 11 11 11 11	1112 0022	0.0		
					MON	NTHLY AVERA	GE
38,441 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	30,598	705,191 \$	25,056,413.92	\$ 35.53	18.345	818.89	\$ 651.81
@PHYSICIANS SERVICES	8,788	33,888 \$	1,232,894.69	\$ 36.38	.882	140.29	\$ 32.07
OUTPATIENT VISITS	3,462	4,607	162,284.35	35.23	.120	46.88	4.22
OFFICE VISITS	3,067	4,061	135,730.71	33.42	.106	44.26	3.53
HOME VISITS	15	21	1,310.50	62.40	.001	87.37	.03
EMERGENCY ROOM	179	225	14,036.02	62.38	.006	78.41	.37
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	31	13CR	2,217.30	170.56CR	.000	71.53	.06
OTHER OUTPATIENT	274	313	8,989.82	28.72	.008	32.81	.23
INPATIENT VISITS	507	2,753	160,591.75	58.33	.072	316.75	4.18
HOSPITAL VISITS	453	2,262	103,362.98	45.70	.059	228.17	2.69
CRITICAL CARE	74	393	53,864.07	137.06	.010	727.89	1.40
SNF/ICF/TRANS IP CARE	48	98	3,364.70	34.33	.003	70.10	.09
OPHTHALMOLOGICAL SERVICES	228	284	11,523.51	40.58	.007	50.54	.30
EXAMINATIONS	221	277	11,383.51	41.10	.007	51.51	.30
SERVICES AND MATERIALS	7	7	140.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	379	2,209	216,220.87	97.88	.057	570.50	5.62
PRINCIPAL SURGEON	287	463	169,154.57	365.34	.012	589.39	4.40

ASSISTANT SURGEON	35	35	7,462.10	213.20	.001	213.20	.19
ANESTHESIOLOGIST	149	1,711	39,604.20	23.15	.045	265.80	1.03
OUTPATIENT SURGERY	547	1,541	134,050.39	86.99	.040	245.06	3.49
PRINCIPAL SURGEON	436 15	566 16	110,111.30	194.54 123.52	.015 .000	252.55 131.76	2.86 .05
ASSISTANT SURGEON ANESTHESIOLOGIST	149	959	1,976.38 21,962.71	22.90	.000	147.40	.57
DIALYSIS	79	229	22,546.11	98.45	.025	285.39	.59
PATHOLOGY	354	737	13,770.84	18.68	.019	38.90	.36
RADIOLOGY	2,737	5,586	218,160.50	39.05	.145	79.71	5.68
PSYCHIATRY	4	6	251.72	41.95	.000	62.93	.01
IMMUNIZATION AND INJECTION		1,319	19,710.69	14.94	.034	106.54	.51
OTHER SERVICES/ALL X-OVERS	4,026	14,617	273,783.96	18.73	.380	68.00	7.12
@PHARMACY	25,338	272,220 \$	11,810,521.56	\$ 43.39	7.082	\$ 466.12	\$ 307.24
PRESCRIPTION DRUGS	25,071	111,723	11,414,501.60	102.17	2.906	455.29	296.94
SNF/ICF	160	1,459	82,601.18	56.61	.038	516.26	2.15
OUTPATIENTS	24,940	110,264	11,331,900.42	102.77	2.868	454.37	294.79
MEDICAL SUPPLIES	2,516	160,497	396,019.96	2.47	4.175	157.40	10.30
@DENTIST	1,869	7,929 \$	382,528.60	\$ 48.24	.206		
VISITS - DIAGNOSTIC	1,143	4,491	60,626.75	13.50	.117	53.04	1.58
ORAL SURGERY	291 9	878 11	42,404.25 170.00	48.30 15.45	.023	145.72 18.89	1.10
DRUGS ANESTHESIA	11	11	1,100.00	100.00	.000	100.00	.03
PERIODONTICS	118	136	20,837.00	153.21	.004	176.58	.54
ENDODONTICS	127	195	38,432.00	197.09	.005	302.61	1.00
RESTORATIVE DENTISTRY	571	1,448	122,617.70	84.68	.038	214.74	3.19
PROSTHETICS	15	15	380.00	25.33	.000	25.33	.01
DENTURES, STAYPLATES	219	592	88,509.90	149.51	.015	404.15	2.30
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	7	7	856.00	122.29	.000	122.29	.02
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	39	48	6,220.00	129.58	.001	159.49	.16
ALL OTHER SERVICES	29	97	375.00	3.87	.003	12.93	.01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	29 MEDI-CAL SERVIO	97 CES AND EXPENDITURES	375.00	3.87	.003	12.93	.01 PAGE 18,250
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	29 MEDI-CAL SERVIC FEE-FOR-SERVIC	97 CES AND EXPENDITURES E/DENTAL	375.00 MONTH-OF-PAYMENT R	3.87 EPORT FOR JAN	.003 2003 THRU DI	12.93	.01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	29 MEDI-CAL SERVIC FEE-FOR-SERVIC	97 CES AND EXPENDITURES	375.00 MONTH-OF-PAYMENT R	3.87	.003 2003 THRU DI	12.93 EC 2003	.01 PAGE 18,250 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY	29 MEDI-CAL SERVIC FEE-FOR-SERVIC	97 CES AND EXPENDITURES E/DENTAL /ICES FOR CASH GRANT	375.00 MONTH-OF-PAYMENT R	3.87 EPORT FOR JAN AID CODE	.003 2003 THRU DI 60 MOI	12.93 EC 2003 NTHLY AVERA	.01 PAGE 18,250
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	29 MEDI-CAL SERVIC FEE-FOR-SERVICI SUMMARY OF SERV	97 CES AND EXPENDITURES E/DENTAL	375.00 MONTH-OF-PAYMENT R	3.87 EPORT FOR JAN	.003 2003 THRU DI 60 MOI UNITS/DAYS	12.93 EC 2003 NTHLY AVERA	.01 PAGE 18,250 01/29/04 GE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY	29 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,041	97 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT UNITS OF SERVICE OR DAYS OF CARE 3,099 \$	375.00 MONTH-OF-PAYMENT R - DISABLED EXPENDITURES 65,128.62	3.87 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 21.02	.003 2003 THRU DI 60 MOI UNITS/DAYS PER ELIG .081	12.93 EC 2003  NTHLY AVERA COST PER USER 62.56	.01 PAGE 18,250 01/29/04 GE COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  38,441 ELIGIBLES	29 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 1,041 499	97 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 3,099 \$ 538	375.00 MONTH-OF-PAYMENT R - DISABLED EXPENDITURES 65,128.62 23,073.36	3.87 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 21.02 42.89	.003 2003 THRU DI 60 MOI UNITS/DAYS PER ELIG .081 S	12.93 EC 2003  NTHLY AVERA COST PER USER 62.56 46.24	.01 PAGE 18,250 01/29/04 GE COST PER ELIGIBLE \$ 1.69 .60
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  38,441 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	29 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  1,041 499 871	97 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 3,099 \$ 538 2,465	375.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 65,128.62 23,073.36 40,420.73	3.87 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 21.02 42.89 16.40	.003 2003 THRU DI 60 MOI UNITS/DAYS PER ELIG .081 S .014 .064	12.93 EC 2003  WITHLY AVERA COST PER USER 62.56 46.24 46.41	.01 PAGE 18,250 01/29/04 GE COST PER ELIGIBLE \$ 1.69 .60 1.05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  38,441 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	29 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,041 499 871 63	97 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 3,099 \$ 538 2,465 96	375.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 65,128.62 23,073.36 40,420.73 1,634.53	3.87 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 21.02 42.89 16.40 17.03	.003 2003 THRU DI 60 MOI UNITS/DAYS PER ELIG .081 S .014 .064 .002	12.93 EC 2003  WITHLY AVERA COST PER USER 62.56 46.24 46.41 25.94	.01 PAGE 18,250 01/29/04 GE COST PER ELIGIBLE \$ 1.69 .60 1.05 .04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  38,441 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	29 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,041 499 871 63 315	97 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 3,099 \$ 538 2,465 96 786 \$	375.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 65,128.62 23,073.36 40,420.73 1,634.53 12,856.80	3.87 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.02 42.89 16.40 17.03 \$ 16.36	.003 2003 THRU DI 60 MOI UNITS/DAYS PER ELIG .081 S .014 .064 .002 .020 S	12.93 EC 2003 NTHLY AVERA COST PER USER 62.56 46.24 46.41 25.94 40.82	.01 PAGE 18,250 01/29/04  GE COST PER ELIGIBLE \$ 1.69 .60 1.05 .04 \$ .33
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  38,441 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	29 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,041 499 871 63 315 297	97 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 3,099 \$ 538 2,465 96 786 \$ 752	375.00 MONTH-OF-PAYMENT RI T - DISABLED EXPENDITURES 65,128.62 23,073.36 40,420.73 1,634.53 12,856.80 12,485.66	3.87 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.02 42.89 16.40 17.03 \$ 16.36 16.60	.003 2003 THRU DI 60 MOI UNITS/DAYS PER ELIG .081 : .014 .064 .002 .020 :	12.93 EC 2003 NTHLY AVERA COST PER USER 62.56 46.24 46.41 25.94 40.82 42.04	.01 PAGE 18,250 01/29/04  GE COST PER ELIGIBLE \$ 1.69 .60 1.05 .04 \$ .33 .32
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  38,441 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	29 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,041 499 871 63 315 297 18	97 CES AND EXPENDITURES E/DENTAL /ICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 3,099 \$ 538 2,465 96 786 \$ 752 34	375.00 MONTH-OF-PAYMENT RI - DISABLED EXPENDITURES 65,128.62 23,073.36 40,420.73 1,634.53 12,856.80 12,485.66 371.14	3.87 EPORT FOR JAN AID CODE AVERAGE COST PER UNIT/DAY \$ 21.02 42.89 16.40 17.03 \$ 16.36 16.60 10.92	.003 2003 THRU DI 60 MOI UNITS/DAYS PER ELIG .081 S .014 .064 .002 .020 S .020 .020	12.93 EC 2003  NTHLY AVERA COST PER USER 62.56 46.24 46.41 25.94 40.82 42.04 20.62	.01 PAGE 18,250 01/29/04  GE COST PER ELIGIBLE \$ 1.69 .60 1.05 .04 \$ .33 .32 .01
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  38,441 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	29 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,041 499 871 63 315 297 18 214	97 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 3,099 \$ 538 2,465 96 786 \$ 752 34 346 \$	375.00 MONTH-OF-PAYMENT RI C - DISABLED EXPENDITURES 65,128.62 23,073.36 40,420.73 1,634.53 12,856.80 12,485.66 371.14 5,257.08	3.87 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 21.02 42.89 16.40 17.03 \$ 16.36 16.60 10.92 \$ 15.19	.003 2003 THRU DI 60 MOI UNITS/DAYS PER ELIG .081 S .014 .064 .002 .020 .020 .020 .001 .009 S	12.93 EC 2003  NTHLY AVERA COST PER USER 62.56 46.41 25.94 40.82 42.04 20.62 24.57	.01 PAGE 18,250 01/29/04  GE COST PER ELIGIBLE \$ 1.69 .60 1.05 .04 \$ .33 .32 .01 \$ .14
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  38,441 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	29 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,041 499 871 63 315 297 18 214 47	97 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 3,099 \$ 538 2,465 96 786 \$ 752 34 346 \$ 53	375.00 MONTH-OF-PAYMENT RI C - DISABLED EXPENDITURES 65,128.62 23,073.36 40,420.73 1,634.53 12,856.80 12,485.66 371.14 5,257.08 1,375.64	3.87 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 21.02 42.89 16.40 17.03 \$ 16.36 16.60 10.92 \$ 15.19 25.96	.003 2003 THRU DI 60 MOI UNITS/DAYS PER ELIG .014 .064 .002 .020 .020 .020 .001	12.93 EC 2003  WITHLY AVERA COST PER USER 62.56 46.24 46.41 25.94 40.82 42.062 24.57 29.27	.01 PAGE 18,250 01/29/04  GE COST PER ELIGIBLE \$ 1.69 .60 1.05 .04 \$ .33 .32 .01 \$ .14
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  38,441 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	29 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,041 499 871 63 315 297 18 214 47 0	97 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 3,099 \$ 538 2,465 96 786 \$ 752 34 346 \$ 53 0	375.00 MONTH-OF-PAYMENT RI C - DISABLED EXPENDITURES 65,128.62 23,073.36 40,420.73 1,634.53 12,856.80 12,485.66 371.14 5,257.08 1,375.64 .00	3.87 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 21.02 42.89 16.40 17.03 \$ 16.36 16.60 10.92 \$ 15.19 25.96 .00	.003 2003 THRU DI 60 MOI UNITS/DAYS PER ELIG .081 .014 .064 .002 .020 .020 .020 .001 .009 .001 .009 .001	12.93 EC 2003  NTHLY AVERA COST PER USER 62.56 46.24 46.41 25.94 40.82 42.04 20.62 24.57 29.27 .00	.01 PAGE 18,250 01/29/04  GE COST PER ELIGIBLE \$ 1.69 .60 1.05 .04 \$ .33 .32 .01 \$ .14 .04 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  38,441 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	29 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,041 499 871 63 315 297 18 214 47 0 3	97 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 3,099 \$ 538 2,465 96 786 \$ 752 34 346 \$ 53 0 5	375.00 MONTH-OF-PAYMENT RI C - DISABLED EXPENDITURES 65,128.62 23,073.36 40,420.73 1,634.53 12,856.80 12,485.66 371.14 5,257.08 1,375.64 .00 86.50	3.87 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 21.02 42.89 16.40 17.03 \$ 16.36 16.60 10.92 \$ 15.19 25.96 .00 17.30	.003 2003 THRU DI 60 MOI UNITS/DAYS PER ELIG .081 S014 .064 .002 .020 S020 .001 .009 S001 .000 .000	12.93 EC 2003  NTHLY AVERA COST PER USER 62.56 46.24 46.41 25.94 40.82 42.04 20.62 24.57 29.27 .00 28.83	.01 PAGE 18,250 01/29/04  GE COST PER ELIGIBLE \$ 1.69 .60 1.05 .04 \$ .33 .32 .01 \$ .14 .04 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  38,441 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	29 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,041 499 871 63 315 297 18 214 47 0 3 167	97 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 3,099 \$ 538 2,465 96 786 \$ 752 34 346 \$ 53 0 5 288	375.00 MONTH-OF-PAYMENT RESERVED TURES  65,128.62 23,073.36 40,420.73 1,634.53 12,856.80 12,485.66 371.14 5,257.08 1,375.64 .00 86.50 3,794.94	3.87 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 21.02 42.89 16.40 17.03 \$ 16.36 16.60 10.92 \$ 15.19 25.96 .00 17.30 13.18	.003 2003 THRU DI 60 MOI UNITS/DAYS PER ELIG .081 S .014 .064 .002 .020 .020 .020 .001 .009 .001 .000 .000 .000	12.93 EC 2003  NTHLY AVERA COST PER USER 62.56 46.24 46.41 25.94 40.82 42.04 20.62 24.57 29.27 .00 28.83 22.72	.01 PAGE 18,250 01/29/04  GE COST PER ELIGIBLE \$ 1.69 .60 1.05 .04 \$ .33 .32 .01 \$ .14 .04 .00 .00 .10
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  38,441 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	29 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,041 499 871 63 315 297 18 214 47 0 3	97 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 3,099 \$ 538 2,465 96 786 \$ 752 34 346 \$ 53 0 5 288	375.00 MONTH-OF-PAYMENT RI C - DISABLED EXPENDITURES 65,128.62 23,073.36 40,420.73 1,634.53 12,856.80 12,485.66 371.14 5,257.08 1,375.64 .00 86.50	3.87 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 21.02 42.89 16.40 17.03 \$ 16.36 16.60 10.92 \$ 15.19 25.96 .00 17.30	.003 2003 THRU DI 60 MOI UNITS/DAYS PER ELIG .081 S .014 .064 .002 .020 S .020 .001 .009 S .001 .000 .000 .007	12.93 EC 2003  NTHLY AVERA COST PER USER 62.56 46.24 46.41 25.94 40.82 42.04 20.62 24.57 29.27 .00 28.83 22.72 497.43	.01 PAGE 18,250 01/29/04  GE COST PER ELIGIBLE \$ 1.69 .60 1.05 .04 \$ .33 .32 .01 \$ .14 .04 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  38,441 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	29 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,041 499 871 63 315 297 18 214 47 0 3 167 173 17 2	97 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 3,099 \$ 538 2,465 96 786 \$ 752 34 346 \$ 53 0 5 288 1,621 \$	375.00 MONTH-OF-PAYMENT RESERVED TURES  65,128.62 23,073.36 40,420.73 1,634.53 12,856.80 12,485.66 371.14 5,257.08 1,375.64 .00 86.50 3,794.94 86,054.86	3.87 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 21.02 42.89 16.40 17.03 \$ 16.36 16.60 10.92 \$ 15.19 25.96 .00 17.30 13.18 \$ 53.09	.003 2003 THRU DI 60 MOI UNITS/DAYS PER ELIG .081 S .014 .064 .002 .020 S .020 .001 .009 S .001 .000 .000 .007 .042 S	12.93 EC 2003  NTHLY AVERA COST PER USER 62.56 46.24 46.41 25.94 40.82 42.04 20.62 24.57 29.27 .00 28.83 22.72 497.43 91.88	.01 PAGE 18,250 01/29/04  GE COST PER ELIGIBLE \$ 1.69 .60 1.05 .04 \$ .33 .32 .01 \$ .14 .04 .04 .00 .00 .10 \$ 2.24
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  38,441 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	29 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,041 499 871 63 315 297 18 214 47 0 3 167 173 17 2	97 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 3,099 \$ 538 2,465 96 786 \$ 752 34 346 \$ 53 0 5 288 1,621 \$ 201 \$ 4 \$ 0 \$	375.00 MONTH-OF-PAYMENT RI C - DISABLED  EXPENDITURES  65,128.62 23,073.36 40,420.73 1,634.53 12,856.80 12,485.66 371.14 5,257.08 1,375.64 .00 86.50 3,794.94 86,054.86 1,562.00 907.14 .00	3.87 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 21.02 42.89 16.40 17.03 \$ 16.36 16.60 10.92 \$ 15.19 25.96 .00 17.30 13.18 \$ 53.09 \$ 7.77 \$ 226.79 \$ .00	.003 2003 THRU DI 60 MOI UNITS/DAYS PER ELIG .081014 .064 .002 .020020 .001 .009001 .000 .000 .007 .042005000000 .	12.93 EC 2003  NTHLY AVERA COST PER USER 62.56 46.24 46.41 25.94 40.82 42.04 20.62 24.57 29.27 .00 28.83 22.72 497.43 91.88 453.57 .00	.01 PAGE 18,250 01/29/04  GE COST PER ELIGIBLE \$ 1.69 .00 \$ .04 \$ .33 .32 .01 \$ .14 .04 .00 .00 .10 \$ 2.24 \$ .04 \$ .02 \$ .02
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  38,441 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	29 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,041 499 871 63 315 297 18 214 47 0 3 167 173 17 2 0 1,103	97 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 3,099 \$ 538 2,465 96 786 \$ 752 34 346 \$ 53 0 5 288 1,621 \$ 201 \$ 4 \$ 0 \$ 2,733 \$	375.00 MONTH-OF-PAYMENT RI C - DISABLED  EXPENDITURES  65,128.62 23,073.36 40,420.73 1,634.53 12,856.80 12,485.66 371.14 5,257.08 1,375.64 .00 86.50 3,794.94 86,054.86 1,562.00 907.14 .00 39,806.62	3.87 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 21.02 42.89 16.40 17.03 \$ 16.36 16.60 10.92 \$ 15.19 25.96 .00 17.30 13.18 \$ 53.09 \$ 7.77 \$ 226.79 \$ .00 \$ 14.57	.003 2003 THRU DI 60 MOI UNITS/DAYS PER ELIG .081014064002020020001009001000000007042005000000000000001 .	12.93 EC 2003  NTHLY AVERA COST PER USER 62.56 46.24 46.41 25.94 40.82 42.062 24.57 29.27 .00 28.83 22.72 497.43 91.88 453.57 .00 36.09	.01 PAGE 18,250 01/29/04  GE COST PER ELIGIBLE \$ 1.69 .60 1.05 .04 \$ .33 .32 .01 \$ .14 .04 .00 .00 .10 \$ 2.24 \$ .04 \$ .02 \$ .00 \$ 1.04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  38,441 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER ### TOTAL HOSPITAL	29 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,041 499 871 63 315 297 18 214 47 0 3 167 173 17 2 0 1,103 5,492	97 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 3,099 \$ 538 2,465 96 786 \$ 752 34 346 \$ 53 0 5 288 1,621 \$ 201 \$ 4 \$ 0 \$ 2,733 \$ 33,272 \$	375.00 MONTH-OF-PAYMENT RI C - DISABLED  EXPENDITURES  65,128.62 23,073.36 40,420.73 1,634.53 12,856.80 12,485.66 371.14 5,257.08 1,375.64 .00 86.50 3,794.94 86,054.86 1,562.00 907.14 .00 39,806.62 7,554,883.54	3.87 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 21.02 42.89 16.40 17.03 \$ 16.36 16.60 10.92 \$ 15.19 25.96 .00 17.30 13.18 \$ 53.09 \$ 7.77 \$ 226.79 \$ .00 \$ 14.57 \$ 227.06	.003 2003 THRU Di 60 MOI UNITS/DAYS PER ELIG .081 .014 .064 .002 .020 .020 .001 .009 .001 .009 .001 .000 .007 .042 .005 .000 .000 .000 .000 .000 .000 .00	12.93 EC 2003  NTHLY AVERA COST PER USER 62.56 46.24 46.41 25.94 40.82 42.04 20.62 24.57 29.27 .00 28.83 22.72 497.43 91.88 453.57 .00 36.09 1375.62	.01 PAGE 18,250 01/29/04  GE COST PER ELIGIBLE \$ 1.69 .60 1.05 .04 \$ .33 .32 .01 \$ .14 .04 .00 .00 .10 \$ 2.24 \$ .04 \$ .02 \$ .00 \$ 1.04 \$ .02 \$ .00 \$ 1.04 \$ 196.53
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  38,441 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	29 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,041 499 871 63 315 297 18 214 47 0 3 167 173 17 2 0 1,103 5,492 738	97 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 3,099 \$ 538 2,465 96 786 \$ 752 34 346 \$ 752 34 346 \$ 53 0 5 288 1,621 \$ 201 \$ 4 \$ 0 \$ 2,733 \$ 33,272 \$ 4,558	375.00 MONTH-OF-PAYMENT RI C - DISABLED  EXPENDITURES  65,128.62 23,073.36 40,420.73 1,634.53 12,856.80 12,485.66 371.14 5,257.08 1,375.64 .00 86.50 3,794.94 86,054.86 1,562.00 907.14 .00 39,806.62 7,554,883.54 6,622,286.51	3.87 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 21.02 42.89 16.40 17.03 \$ 16.36 16.60 10.92 \$ 15.19 25.96 .00 17.30 13.18 \$ 53.09 \$ 7.77 \$ 226.79 \$ .00 \$ 14.57 \$ 227.06 1452.89	.003 2003 THRU DI 60 MOI UNITS/DAYS PER ELIG .08101406400202002000100900100000704200500000000000000000000000100000704200500000000704800000000100000100000100000100000100000100000100000100000100000100000100000100000100100000100000100000100000100000100100100200300300400500600700800900900900100100100200300400500600700700800800900 .	12.93 EC 2003  NTHLY AVERA COST PER USER 62.56 46.24 46.41 25.94 40.82 42.04 20.62 24.57 29.27 .00 28.83 22.72 497.43 91.88 453.57 .00 36.09 1375.62 8973.29	.01 PAGE 18,250 01/29/04  GE COST PER ELIGIBLE \$ 1.69 .60 1.05 .04 \$ .33 .32 .01 \$ .14 .04 .00 .00 .10 \$ 2.24 \$ .04 \$ .02 \$ .02 \$ .00 \$ 1.04 \$ 196.53 172.27
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  38,441 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	29 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,041 499 871 63 315 297 18 214 47 0 3 167 173 17 2 0 1,103 5,492 738 105	97 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 3,099 \$ 538 2,465 96 786 \$ 752 34 346 \$ 752 34 346 \$ 53 0 5 288 1,621 \$ 201 \$ 4 \$ 0 \$ 2,733 \$ 33,272 \$ 4,558 1,054	375.00 MONTH-OF-PAYMENT RI  - DISABLED  EXPENDITURES  65,128.62 23,073.36 40,420.73 1,634.53 12,856.80 12,485.66 371.14 5,257.08 1,375.64 .00 86.50 3,794.94 86,054.86 1,562.00 907.14 .00 39,806.62 7,554,883.54 6,622,286.51 1,413,953.90	3.87 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 21.02 42.89 16.40 17.03 \$ 16.36 16.60 10.92 \$ 15.19 25.96 .00 17.30 13.18 \$ 53.09 \$ 7.77 \$ 226.79 \$ .00 \$ 14.57 \$ 227.06 1452.89 1341.51	.003 2003 THRU DI 60 MOI UNITS/DAYS PER ELIG .081 S014 .064 .002 .020 S020 .001 .009 S001 .000 .000 .007 .042 S000 S000 S000 S000 S000 S001 S000 S001 S002 S003 S004 S005 S007 S	12.93 EC 2003  NTHLY AVERA COST PER USER 62.56 46.24 46.41 25.94 40.82 42.04 20.62 24.57 29.27 .00 28.83 22.72 497.43 91.88 453.57 50.00 5	.01 PAGE 18,250 01/29/04  GE COST PER ELIGIBLE \$ 1.69 .60 1.05 .04 \$ .33 .32 .01 \$ .14 .04 .00 .00 .10 \$ 2.24 \$ .04 \$ .02 \$ .00 \$ 1.04 \$ 196.53 172.27 36.78
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  38,441 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	29 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,041 499 871 63 315 297 18 214 47 0 3 167 173 17 2 0 1,103 5,492 738	97 CES AND EXPENDITURES E/DENTAL VICES FOR CASH GRANT  UNITS OF SERVICE OR DAYS OF CARE 3,099 \$ 538 2,465 96 786 \$ 752 34 346 \$ 752 34 346 \$ 53 0 5 288 1,621 \$ 201 \$ 4 \$ 0 \$ 2,733 \$ 33,272 \$ 4,558	375.00 MONTH-OF-PAYMENT RI C - DISABLED  EXPENDITURES  65,128.62 23,073.36 40,420.73 1,634.53 12,856.80 12,485.66 371.14 5,257.08 1,375.64 .00 86.50 3,794.94 86,054.86 1,562.00 907.14 .00 39,806.62 7,554,883.54 6,622,286.51	3.87 EPORT FOR JAN AID CODE  AVERAGE COST PER UNIT/DAY \$ 21.02 42.89 16.40 17.03 \$ 16.36 16.60 10.92 \$ 15.19 25.96 .00 17.30 13.18 \$ 53.09 \$ 7.77 \$ 226.79 \$ .00 \$ 14.57 \$ 227.06 1452.89	.003 2003 THRU DI 60 MOI UNITS/DAYS PER ELIG .08101406400202002000100900100000704200500000000000000000000000100000704200500000000704800000000100000100000100000100000100000100000100000100000100000100000100000100000100100000100000100000100000100000100100100200300300400500600700800900900900100100100200300400500600700700800800900 .	12.93 EC 2003  NTHLY AVERA COST PER USER 62.56 46.24 46.41 25.94 40.82 42.04 20.62 24.57 29.27 .00 28.83 22.72 497.43 91.88 453.57 .00 36.09 1375.62 8973.29	.01 PAGE 18,250 01/29/04  GE COST PER ELIGIBLE \$ 1.69 .60 1.05 .04 \$ .33 .32 .01 \$ .14 .04 .00 .00 .10 \$ 2.24 \$ .04 \$ .02 \$ .00 \$ 1.04 \$ .02 \$ .00 \$ 1.04 \$ 196.53 172.27

ADMINISTRATIVE DAYS	33	394	89,534.78	227.2	5 .010	2713.18	2.33
TRANSITIONAL IP CARE	0	0	.00	.0	0 .000	.00	.00
ALL OTHER ACCOM	443	2,321	1,122,965.06	483.8	3 .060	2534.91	29.21
ANCILLARIES	455	0	3,850,453.77	.0	0 .000	8462.54	100.17
INPATIENT CROSSOVERS	189	789	145,379.00	184.2	6 .021	769.20	3.78
ALL OTHER INPATIENT	0	0	.00	.0	0 .000	.00	.00
HOSP OUTPATIENT TOTAL	5,156	28,714	932,597.03	32.4	8 .747	180.88	24.26
MEDICAL	1,649	3,159	157,920.74	49.9	9 .082	95.77	4.11
SURGERY	415	495	23,752.07	47.9	8 .013	57.23	.62
PATHOLOGY	2,119	10,910	130,477.57	11.9	6 .284	61.58	3.39
RADIOLOGY	2,049	3,218	241,238.42	74.9	7 .084	117.73	6.28
ROOM USE	1,978	3,133	128,532.40	41.0	3 .082	64.98	3.34
CROSSOVERS/ALL OTH OUTPTNT	2,232	7,799	250,675.83	32.1	4 .203	112.31	6.52
@COUNTY HOSPITAL TOTAL	14	65	\$ 16,975.85	\$ 261.1	7 .002	\$ 1212.56	\$ .44
CO HOSPITAL INPATIENT TOTAL	4	13	14,940.00	1149.2	3 .000	3735.00	.39
HSC HOSPITALS	4	13	14,940.00	1149.2	3 .000	3735.00	.39

	_								
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0			.00	.00	.000	.00		.00
	U	0		.00			.00		
ALL OTHER ACCOM	0			.00	.00	.000	.00		.00
ANCILLARIES	0	0 0 0		.00	.00	.000	.00		.00
INDATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL ORDER INDARTENE	0	0		.00	.00				
ALL OTHER INPATIENT	U	- O				.000	.00		.00
CO HOSP OUTPATIENT TOTAL	11	52		2,035.85	39.15	.001	185.08		.05
ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	3	4		158.42	39.61	.000	52.81		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	21		285.97	13.62	.001	35.75		.01
	0								
RADIOLOGY	6	8		1,118.84	139.86	.000	186.47		.03
ROOM USE	6	8		310.37	38.80	.000	51.73		.01
CROSSOVERS/ALL OTH OUTPTNT	6	11		162.25	14.75	.000	27.04		.00
#CALIF DEPT OF HEALTH SERV			огс м	ONTH-OF-PAYMENT RI				D	AGE 18,251
			(11)	ONIII OF FAIMENT KI	EFORT FOR UAN	2003 11110 .	DEC 2003		
MOP024	FEE-FOR-SERVICE								01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR CASH G	TNAS	- DISABLED	AID CODE	60			
						M	ONTHLY AVERA	GE	
38,441 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	AVERAGE COST				COST PER
•				EXFENDITORES					
		OR DAYS OF CARE			PER UNIT/DAY				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,486	33,207	\$	7,537,907.69	\$ 227.00	.864	\$ 1374.03	\$	196.09
COMM HOSP INPATIENT TOTAL	734	4,545		6,607,346.51	1453.76	.118	9001.83		171.88
HSC HOSPITALS	101	1,041		1,399,013.90	1343 91	.027	13851.62		36.39
NON HAG HOADTENIA MOENT	455			F 062 0F3 61	1343.91 1864.81	071			131.71
NON-HSC HOSPITALS TOTAL	455	2,715		5,062,953.61	1804.81	.071	11127.37		
ACCOMMODATIONS	453	2,715		1,212,499.84	446.59 227.25	.071	2676.60		31.54
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	33	394		89,534.78	227.25	.010	2713.18		2.33
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1/13	2,321		1,122,965.06	483.83	.060	2534.91		29.21
ADD OTHER ACCOM	455								
ANCILLARIES	455	0		3,850,453.77	.00	.000	8462.54		100.17
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0 443 455 189	789		145,379.00	184.26	.021	769.20		3.78
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTDATTENT TOTAL.	5 151	28,662		930,561.18	32.47	.746	180.66		24.21
MEDICAL	1 646	3,155					95.85		4.10
MEDICAL	1,646			157,762.32	50.00	.082			
SURGERY	415	495		23,752.07	47.98	.013	57.23		.62
PATHOLOGY	2,114 2,045	10,889		130,191.60	11.96	.283	61.59		3.39
RADIOLOGY	2 045	3,210		240,119.58	74.80	.084	117.42		6.25
DOOM LICE	2,045 1,975 2,230	3,125		128,222.03	41.03	.081	64.92		3.34
ROOM USE	1,975	•		-					
CROSSOVERS/ALL OTH OUTPINT	2,230	7,788		250,513.58	32.17	.203	112.34		6.52
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP DISARLED	0	0		.00	.00	.000	.00		.00
RADIOLOGI ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD	1.00		\$					4	
@NURSING FACILITY	169	4,286	Ş		\$ 157.03		\$ 3982.37	Þ	17.51
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0 0 7	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	7	254		146,430.13	576.50	.007	20918.59		3.81
	Ó								
LEV B-TRANSITIONAL IP CARE	U	0		.00	.00	.000	.00		.00
LEV B-REGULAR	164	4,032		526,590.49	130.60	.105	3210.92		13.70
@INTERMEDIATE CARE FACILDD	12	365	\$	66,718.35	\$ 182.79	.009	\$ 5559.86	\$	1.74
ICF DDH	0	0	•	.00	.00	.000	.00	•	.00
	Õ	Ö							
ICF DD				.00	.00	.000	.00		.00
ICF DDN/DDCN	12	365		66,718.35	182.79	.009	5559.86		1.74
@HEMODIALYSIS TOTAL	200	8,707	\$	354,004.02	\$ 40.66	.227	\$ 1770.02	\$	9.21
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	200	8,707		354,004.02	40.66	.227	1770.02		9.21
			<u>.</u>					4	
@REHABILITATION FACILITY	21	50	\$	2,053.93	\$ 41.08	.001		Ş	.05
HOSPITAL BASED	17	46		1,941.87	42.21	.001	114.23		.05
INDEPENDENT FACILITY	4	4		112.06	28.02	.000	28.02		.00
@LABORATORY FACILITY	2,574	14,343	\$	166,331.51	\$ 11.60	.373		Ś	4.33
	2,3,1	11,313	~	100,001.01	7 11.00	• 3 / 3	т 01.02	~	55

PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	2,552	14,315	165,982.63	11.60	.372	65.04	4.32
XO AND OTHERS	22	28	348.88	12.46	.001	15.86	.01
@ORGANIZED OUTPATIENT CLINIC	9,744	28 18,618 802 451 105	\$48.88 \$ 1,271,153.06	\$ 68.28	.484 \$	130.45	\$ 33.07
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	180	802	19,113.65	23.83	.021	106.19	.50
SURGICENTER	122	451	19,562.19	43.38	.012	160.35	.51
HEROIN DETOX CLINIC	8	105	1,245.64	11.86	.003	155.71	.03
RURAL HEALTH CLINIC	9,524	17,260	1,231,231.58	71.33	.449	129.28	32.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURE:	S MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 18,252
MOP024 YUBA COUNTY	FEE-FOR-SERVICE	:/DENTAL	NE DEGINED	3.70 0000	60		01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR CASH GRAI	NT - DISABLED	AID CODE	60 MON	DIII 37 - 3 3 7 D 3	CE
38,441 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS  @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE	USERS	OB DAVE OF CARE	EXPENDITURES	PER UNIT/DAY		USER	
MAIL OTHER DROWINERS	6 273	302 723	\$ 1,330,730.92	\$ 4.40	7.875 \$		
DIIRARI.E MED ECUITO	758	2 140	292,636.50		.056	386.06	7.61
BLOOD BANK	, 30	2,110	202,030.30	00	.000	.00	.00
HEARING AID DISPENSERS	99	120	.00 17,862.21	136.75 .00 148.85 8.86	.003	180.43	
MEDICAL TRANSPORTATION	1.137	26.406	233,906.00	8.86	.687	205.72	6.08
AMBULANCES/AIR TRANS	933	7.026	131.742.72	18.75	.183	141.20	3.43
OTHER TRANS	155	18,671	131,742.72 80,473.23	4 31	.486	519.18	2.09
OTHER SERVICES	84	709	21,690.05	30.59	.018	258.21	.56
ACUPUNCTURE	16	27	481.18	17.82	.001	30.07	.01
ADULT DAY HEALTH CARE CTR	3	17	1,179.41	69.38	.000	393.14	.03
GENETIC DISEASE TESTING	8	8	840.00	105.00	.000	105.00	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	315	10,794	21,690.05 481.18 1,179.41 840.00 391,939.22	36.31	.281	1244.25	10.20
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	975	2,210	.00 26,395.64	11.94	.057	27.07 73.44 42.66 219.21 219.56 76.25 .00	.69
PHYSICAL THERAPIST	49	239	3,598.79	15.06	.006	73.44	.09
PORTABLE X-RAY	11	25	469.21	18.77	.001	42.66	.01
PROSTHETIST/ORTHOTISTS	196	447	42,966.04	96.12	.012	219.21	1.12
PROSTHETICS	195	445	42,813.54 152.50 .00 27,500.31	96.21	.012	219.56	1.11
ORTHOTICS	2	2	152.50	76.25	.000	76.25	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	222	711	27,500.31	38.68			• · -
HOSPICE SERVICES	10	226	27,300.31 27,725.08 .00 102,978.17	38.68 122.68 .00 4.11	.006	2772.51	
NONINST BIRTHING CENTERS	1 054	0 004	.00	.00		.00	
LOCAL EDUCATION AGENCIES	1,054	25,084	102,978.17	4.11	.653	97.70 .00 .00	2.68
EPSDI SUPPLEMENTAL SERVICE	0	0	.00	.00	.000 .000	.00	.00
DED CUDACUTE DEUAD/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER DROVIDERS	2 091	234 269	160,253.16	68	6.094		4.17
@CALIF CHILDREN SERVICES*	392	5 418	160,253.16 \$ 1,715,777.63	\$ 316 68	.141 \$	4376 98	
@XOVER EXCLUDING STATE HOSP**	4,599	38,574	\$ 653,319.19	\$ 16.94	1.003 \$		
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	RATE INFORMATION IT	EM ONLY;	7 20.71	1.000 4	112.00	7 17.00
THE AMOUNTS ARE ALREADY IN							
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES ABO	VE.				
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE:	S MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2003	
MOP024	FEE-FOR-SERVICE						01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR CGF 30-3	3 35 40 42 3A-3M 3P	3R 3U 3W 4C-4G			
					MONT		
69,881 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	22 005	OR DAYS OF CARE	0 604 450 65	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	33,885		\$ 8,624,450.65	\$ 53.02	2.328 \$	254.52	\$ 123.42
@PHYSICIANS SERVICES	6,264 3,317	17,927 3,423	\$ 691,265.71 141,340.29	\$ 38.56 41.29	.257 \$ .049	110.36 42.61	\$ 9.89 2.02
OUTPATIENT VISITS OFFICE VISITS	2,819	2,879	104,239.87	36.21	.049	36.98	1.49
HOME VISITS	2,619	2,679	443.52	55.44	.000	73.92	.01
EMERGENCY ROOM	242	265	13,337.02	50.33	.004	55.11	.19
PREVENTIVE CARE	1	1	54.83	54.83	.000	54.83	.00
OR VISITS/COMPRE PERI	202	160	20 002 47	125 02	002	99 02	29

OB VISITS/COMPRE PERI

202

160

20,002.47

.29

.002

99.02

OTHER OUTPATIENT	102	110	3,262.58	29.66	.002	31.99	.05
INPATIENT VISITS	299	898	60,984.71	67.91	.013	203.96	.87
HOSPITAL VISITS	282	668	31,619.60	47.33	.010	112.13	.45
CRITICAL CARE	36	230	29,365.11	127.67	.003	815.70	.42
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	115	129	5,862.32	45.44	.002	50.98	.08
EXAMINATIONS	110	124	5,762.32	46.47	.002	52.38	.08
SERVICES AND MATERIALS	5	5	100.00	20.00	.002	20.00	.00
	387						
INPATIENT HOSPITAL SURGERY	219	1,857	198,627.49	106.96	.027	513.25	2.84
PRINCIPAL SURGEON		265	154,360.72	582.49	.004	704.84	2.21
ASSISTANT SURGEON	47	47	7,809.01	166.15	.001	166.15	.11
ANESTHESIOLOGIST	193	1,545	36,457.76	23.60	.022	188.90	.52
OUTPATIENT SURGERY	480	1,551	86,931.81	56.05	.022	181.11	1.24
PRINCIPAL SURGEON	357	446	63,784.15	143.01	.006	178.67	.91
ASSISTANT SURGEON	6	6	457.15	76.19	.000	76.19	.01
ANESTHESIOLOGIST	173	1,099	22,690.51	20.65	.016	131.16	.32
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	323	408	4,381.79	10.74	.006	13.57	.06
RADIOLOGY	2,295	3,474	104,194.90	29.99	.050	45.40	1.49
PSYCHIATRY	. 1	. 1	73.29	73.29	.000	73.29	.00
IMMUNIZATION AND INJECTION	130	227	7,605.91	33.51	.003	58.51	.11
OTHER SERVICES/ALL X-OVERS	1,015	5,959	81,263.20	13.64	.085	80.06	1.16
@PHARMACY	16,859	42,654 \$	2,467,585.33	\$ 57.85	.610 \$	146.37	
PRESCRIPTION DRUGS	16,788	41,019	1,929,033.98	47.03	.587	114.91	27.60
SNF/ICF	4	10	455.15	45.52	.000	113.79	.01
OUTPATIENTS	16,784	41,009	1,928,578.83	47.03	.587	114.91	27.60
	317			329.39			
MEDICAL SUPPLIES		1,635	538,551.35		.023	1698.90	7.71
@DENTIST	3,541	16,703 \$	571,632.38	\$ 34.22	.239 \$	161.43	
VISITS - DIAGNOSTIC	2,456	10,586	162,385.08	15.34	.151	66.12	2.32
ORAL SURGERY	581	1,155	63,797.55	55.24	.017	109.81	.91
DRUGS	61	69	1,375.00	19.93	.001	22.54	.02
ANESTHESIA	41	41	3,800.00	92.68	.001	92.68	.05
PERIODONTICS	40	45	6,037.00	134.16	.001	150.93	.09
ENDODONTICS	287	698	81,390.00	116.60	.010	283.59	1.16
RESTORATIVE DENTISTRY	1,243	3,597	211,284.50	58.74	.051	169.98	3.02
PROSTHETICS	3	3	60.00	20.00	.000	20.00	.00
DENTURES, STAYPLATES	38	125	15,337.25	122.70	.002	403.61	.22
SPACE MAINTAINERS	30	42	4,339.00	103.31	.001	144.63	.06
MAXILLOFACIAL SERVICES	9	9	442.00	49.11	.000	49.11	.01
FRACTURES, DISLOCATIONS	1	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	193	235	20,410.00	86.85	.003	105.75	.29
ALL OTHER SERVICES	67	98	975.00	9.95	.001	14.55	.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO					PAGE 18,254
MOP024	FEE-FOR-SERVICE		NIII OF FAIMENT RE	SPORT FOR UAN Z	005 TIMO DEC	. 2005	01/29/04
YUBA COUNTY		ICES FOR CGF 30-33 35	40 42 27 2M 2D 3	DD 211 2W 4C 4C			01/29/04
IOBA COUNTI	SUMMART OF SERV	VICES FOR CGF 30-33 33	40 42 3A-3M 3F 3		MONT	א מישוא א דעי	CE
69,881 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER
09,001 ELIGIBLES	USERS		EXPENDITORES	AVERAGE COST			ELIGIBLE
OODHOMEHD I GH	0.4.0	OR DAYS OF CARE	E2 410 4E	PER UNIT/DAY		USER	
@OPTOMETRIST	848	2,274 \$	52,419.45	\$ 23.05	.033 \$	61.82	
DIAGNOSTIC AND ANC. PROCED	601	612	28,183.14	46.05	.009	46.89	. 40
EYE APPLIANCES	586	1,658	24,125.90	14.55	.024	41.17	.35
OTHER OPTOMETRIC SERVICES	4	4	110.41	27.60	.000	27.60	.00

69,881 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV1	ERAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	848	2,274	\$ 52,419.45	\$	23.05	.033	\$	61.82	\$ .75
DIAGNOSTIC AND ANC. PROCED	601	612	28,183.14		46.05	.009		46.89	.40
EYE APPLIANCES	586	1,658	24,125.90		14.55	.024		41.17	.35
OTHER OPTOMETRIC SERVICES	4	4	110.41		27.60	.000		27.60	.00
@CHIROPRACTOR	177	339	\$ 5,588.66	\$	16.49	.005	\$	31.57	\$ .08
VISITS	177	339	5,588.66		16.49	.005		31.57	.08
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	11	22	\$ 1,390.77	\$	63.22	.000	\$	126.43	\$ .02
MEDICINE/INJECTIONS	7	7	235.40		33.63	.000		33.63	.00
SURGERY/ANES.	1	3	716.86		238.95	.000		716.86	.01
RADIO./PATHOLOGY	4	7	121.10		17.30	.000		30.28	.00
OTHER	3	5	317.41		63.48	.000		105.80	.00

@HOME HEALTH AGENCY	169	251 \$	5	13,336.55	\$	53.13	.004	\$	78.91	\$	.19
NURSE ANESTHESIST	9	56 \$	5	1,059.94		18.93	.001	\$	117.77	\$	.02
NURSE MIDWIFE	37	84 \$	3			354.36	.001	\$	804.50	\$	.43
PEDIATRIC NURSE PRACTITIONER	0	0 \$	5	0.0		.00	.000		.00	\$	.00
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	1,304	3.089 Š	5			15.89	.044		37.64		.70
@TOTAL HOSPITAL	5.098	22.785 S	3	2.689.139.03		118.02			527.49		38.48
HOSP INPATIENT TOTAL	404	1,524		2,072,488.77	Ψ.	1359.90	.022	~	5129.92	Ψ.	29.66
HSC HOSPITALS	58	381		484,447.02		1359.90 1271.51	.005		8352.53		6.93
NON-HSC HOSPITAL TOTAL	351	1 142		1,587,260.83		1389 90	.016		4522.11		22.71
ACCOMMODATIONS	350	1,142 1,142		437,077.78		1389.90 382.73	.016		1248.79		6.25
ACCOMMODATIONS ADMINISTRATIVE DAVS	0	1,142		00		.00	.000		.00		.00
TRANSTITONAL TO CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	350	1 142		127 077 70		382.73	.016		1248.79		6.25
ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	35U 3E1	1,142		1 150 102 05		.00	.000		3276.87		16.46
ANCILLARIES	351	1		700 00		700 02					
INPALLENT CROSSOVERS	1	1		780.92		780.92 .00	.000		780.92		.01
ALL OTHER INPATTENT	1 016	21 261		.00			.000		.00		.00
HOSP OUTPATIENT TOTAL	4,916	21,261		010,650.26		29.00	.304		125.44		8.82
MEDICAL	1,723	2,307		109,700.37		47.55	.033		63.67		1.57
SURGERY	463	542		26,973.66		49.77	.008		58.26		.39
PATHOLOGY	1,804	6,758		86,138.80		12.75	.097		47.75		1.23
RADIOLOGY	2,075	6,758 2,794 3,895		138,990.80		49.75	.040		66.98		1.99
ROOM USE	2,888	3,895		156,462.45		40.17	.056		54.18		2.24
CROSSOVERS/ALL OTH OUTPTNT	1,802	4,965					.071		54.60		1.41
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	13	83 \$	5		\$			\$	292.68	\$	.05
CO HOSPITAL INPATIENT TOTAL	1	1		1,048.00		1048.00	.000		1048.00		.01
HSC HOSPITALS	1	1		1,048.00		1048.00	.000		1048.00		.01
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS NON-HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	0	0 0 0 0 0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0				.00	.000		.00		.00
ALL OTHER INPATIENT	0	Ō		.00		.00	.000				.00
CO HOSP OUTPATIENT TOTAL	12	82		.00 .00 2,756.82 44.17		33.62	.001		229.74		.04
MEDICAL	2	2		44.17		22.09	.000		22.09		.00
SURGERY	6	6		133.92		22.32	.000		22.32		.00
PATHOLOGY	6	33		633.89		19.21	.000		105.65		.01
RADIOLOGY	6 6 1	1		282.45		282.45	.000		282.45		.00
ROOM USE	9	17		713.01		41.94	.000		79.22		.01
CROSSOVERS/ALL OTH OUTPTNT	9	2 6 33 1 17 23		949.38		41.28	.000		105.49		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAI CEDVIC	בט סיוס אוור דרואים מאג סיו	MONTE		r D O D			חשת		D	AGE 18,255
MOP024	FEE-FOR-SERVICE		MONIA	1-OF-PAIMENT KI	EPOR	I FOR UAN .	2003 IRO	DEC	. 2003	PI	01/29/04
YUBA COUNTY		ICES FOR CGF 30-33	2 5 40	) 40 27 2M 2D 1	כ תכ	TT 2W 4G 4G					01/29/04
IUBA COUNTI	SUMMAR! OF SERV	ICES FOR CGF 30-33	35 40	J 42 3A-3M 3P .	or o	U 3W 4C-4G			HLY AVERA	CE.	
60 001 FITCIDIES	HCEDC	INITES OF SERVICE		EADENDIGIDEC	7\ \ 7						
69,881 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
OCOMMUNITED HOCKET BORRE	F 007	OR DAYS OF CARE	4	0 605 224 01		R UNIT/DAY					ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,087	22,702 \$		2,685,334.21		118.29	.325	Ş	527.88		38.43
COMM HOSP INPATIENT TOTAL		1,523				1360.11					
HSC HOSPITALS	57	380		483,399.02		1272.10	.005		8480.68		6.92
NON-HSC HOSPITALS TOTAL	351	1,142		1,587,260.83		1389.90	.016		4522.11		22.71
ACCOMMODATIONS	350	1,142		437,077.78		382.73	.016		1248.79		6.25
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	350	1,142		437,077.78		382.73	.016		1248.79		6.25
ANCILLARIES	351	0		1,150,183.05		.00	.000		3276.87		16.46
INPATIENT CROSSOVERS	1	1		780.92		780.92	.000		780.92		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4,906	21,179		613,893.44		28.99	.303		125.13		8.78
MEDICAL	1,721	2,305		109,656.20		47.57	.033		63.72		1.57

SURGERY PATHOLOGY RADIOLOGY ROOM USE	457 1,799 2,074 2,880	536 6,725 2,793 3,878	26,839.74 85,504.91 138,708.35 155,749.44	50.07 12.71 49.66 40.16	.008 .096 .040 .055	58.73 47.53 66.88 54.08	.38 1.22 1.98 2.23
CROSSOVERS/ALL OTH OUTPTNT	1,793	4,942	97,434.80	19.72	.071	54.34	1.39
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	5	13	\$	517.12	\$	39.78	.000	\$	103.42	\$	.01
HOSPITAL BASED	5	13		517.12		39.78	.000		103.42		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2,182	8,453	\$	118,437.58	\$	14.01	.121	\$	54.28	\$	1.69
PATHOLOGY	2,182	8,453		118,437.58		14.01	.121		54.28		1.69
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	12,379	20,210	\$	1,599,451.34	\$	79.14	.289	\$	129.21	\$	22.89
CLINIC	544	2,102		53,903.42		25.64	.030		99.09		.77
SURGICENTER	57	327		11,368.38		34.77	.005		199.45		.16
HEROIN DETOX CLINIC	4	56		631.27		11.27	.001		157.82		.01
RURAL HEALTH CLINIC	11,891	17,725		1,533,548.27		86.52	.254		128.97		21.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	IRES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 18,256
MOP024	FEE-FOR-SERVICE/DENT	'AL									01/29/04
VIIDA COIMTV	CIIMMADV OF CEDVICEC	EUD CCE 30	1-33	3E 10 13 3V 3M 3D	2D 2II	3M /C-/	<u> </u>				

YUBA COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

IODA COUNTI	SUMMAKI OF SEK	ATCED LOW CGL 20	-33 3	J TO TZ JA-JN JF .	2F 20 2M 4C 4G			
							NTHLY AVERA	GE
69,881 ELIGIBLES	USERS	UNITS OF SERVIC	E.	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5,673	27,802	\$	333,778.93	\$ 12.01	.398	\$ 58.84	\$ 4.78
DURABLE MED. EQUIP.	212	286		21,769.20	76.12	.004	102.68	.31
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2		1,117.40	558.70	.000	558.70	.02
MEDICAL TRANSPORTATION	485	3,990		71,857.72	18.01	.057	148.16	1.03
AMBULANCES/AIR TRANS	483	3,982		59,231.43	14.87	.057	122.63	.85
OTHER TRANS	1	1		26.29	26.29	.000	26.29	.00
OTHER SERVICES	7	7		12,600.00	1800.00	.000	1800.00	.18
ACUPUNCTURE	20	45		743.41	16.52	.001	37.17	.01
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	57	57		5,935.00	104.12	.001	104.12	.08
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	664	1,466		13,716.38	9.36	.021	20.66	.20
PHYSICAL THERAPIST	18	85		1,357.51	15.97	.001	75.42	.02
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	83	120		9,741.35	81.18	.002	117.37	.14
PROSTHETICS	79	116		9,386.59	80.92	.002	118.82	.13
ORTHOTICS	4	4		354.76	88.69	.000	88.69	.01
PSYCHOLOGIST	1	3		56.99	19.00	.000	56.99	.00
SPEECH AND AUDIOLOGY	106	214		12,212.80	57.07	.003	115.22	.17
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,121	20,183		193,974.01	9.61	.289	47.07	2.78
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	20	1,351		1,297.16	.96	.019	64.86	.02
@CALIF. CHILDREN SERVICES*	148	1,223	\$	558,940.30	\$ 457.02	.018	\$ 3776.62	\$ 8.00
@XOVER EXCLUDING STATE HOSP**	5	7	\$	944.74	\$ 134.96	.000	\$ 188.95	\$ .01
* TOTAL THE THECE I THE ADE	CITIENT AC A CEDA	DATE TATEODMATE ON	TUTIN	ONTE VE				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,257 MOP024 01/29/04 FEE-FOR-SERVICE/DENTAL YUBA COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

115,037 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
·		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	69,487 16,228	995,493 \$	36,209,448.17	\$ 36.37	8.654 \$	521.10	\$ 314.76
@PHYSICIANS SERVICES	16,228	55,732 \$	1,984,817.86	\$ 35.61	.484 \$	122.31	
OUTPATIENT VISITS	6,846	8,127	307,042.00	37.78	.071	44.85	2.67
OFFICE VISITS	5,949	7,033	243,280.60	34.59	.061	40.89	2.11
HOME VISITS	21	29	1,754.02	60.48	.000	83.52	.02
EMERGENCY ROOM	421 1	490	27,373.04	55.86	.004	65.02	.24
PREVENTIVE CARE OB VISITS/COMPRE PERI	233	1 147	54.83 22,219.77	54.83 151.15	.000 .001	54.83 95.36	.00 .19
OTHER OUTPATIENT	380	427	12,359.74	28.95	.001	32.53	.11
INPATIENT VISITS	818	3,697	224,040.06	60.60	.032	273.89	1.95
HOSPITAL VISITS	746	2,973	137,081.38	46.11	.026	183.76	1.19
CRITICAL CARE	112	626	83,593.98	133.54	.005	746.37	.73
SNF/ICF/TRANS IP CARE	48	98	3,364.70	34.33	.001	70.10	.03
OPHTHALMOLOGICAL SERVICES	365	437	18,403.76	42.11	.004	50.42	.16
EXAMINATIONS	352	424	18,143.76	42.79	.004	51.54	.16
SERVICES AND MATERIALS	_13	13	260.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	771	4,073	417,459.13	102.49	.035	541.45	3.63
PRINCIPAL SURGEON	511	735	326,126.06	443.71	.006	638.21	2.83
ASSISTANT SURGEON ANESTHESIOLOGIST	82 342	82 3,256	15,271.11 76,061.96	186.23 23.36	.001 .028	186.23 222.40	.13 .66
OUTPATIENT SURGERY	1,042	3,152	224,223.03	71.14	.028	215.19	1.95
PRINCIPAL SURGEON	805	1,031	176,128.80	170.83	.009	218.79	1.53
ASSISTANT SURGEON	21	22	2,433.53	110.62	.000	115.88	.02
ANESTHESIOLOGIST	329	2,099	45,660.70	21.75	.018	138.79	.40
DIALYSIS	97	275	26,386.35	95.95	.002	272.02	.23
PATHOLOGY	683	1,153	18,255.63	15.83	.010	26.73	.16
RADIOLOGY	5,094	9,223	324,563.30	35.19	.080	63.71	2.82
PSYCHIATRY	5	7	325.01	46.43	.000	65.00	.00
IMMUNIZATION AND INJECTION	319	1,554	27,470.10	17.68	.014	86.11	. 24
OTHER SERVICES/ALL X-OVERS	6,115	24,034	396,649.49	16.50	.209	64.87	3.45
@PHARMACY	46,431 46,000	365,820 \$ 168,978	15,623,303.64	\$ 42.71 86.57	3.180 \$ 1.469	336.48 318.02	\$ 135.81 127.17
PRESCRIPTION DRUGS SNF/ICF	192	1,673	14,628,836.68 90,534.99	54.12	.015	471.54	.79
OUTPATIENTS	45,847	167,305	14,538,301.69	86.90	1.454	317.10	126.38
	3,463	196,842	994,466.96	5.05	1.711	287.17	8.64
@DENTIST	5,628	25,468 \$	999,938.38	\$ 39.26	.221 \$	177.67	
VISITS - DIAGNOSTIC	3,723	15,523	228,579.23	14.73	.135	61.40	1.99
ORAL SURGERY	906	2,161	111,757.80	51.72	.019	123.35	.97
DRUGS	70	80	1,545.00	19.31	.001	22.07	.01
ANESTHESIA	53	53	5,000.00	94.34	.000	94.34	.04
PERIODONTICS	171	195	29,220.00	149.85	.002	170.88	.25
ENDODONTICS	419 1,879	899 5,176	121,217.00 346,497.20	134.84 66.94	.008	289.30 184.41	1.05 3.01
RESTORATIVE DENTISTRY PROSTHETICS	1,879	18	440.00	24.44	.045 .000	24.44	.00
DENTURES, STAYPLATES	306	823	122,065.15	148.32	.007	398.91	1.06
SPACE MAINTAINERS	30	42	4,339.00	103.31	.000	144.63	.04
MAXILLOFACIAL SERVICES	16	16	1,298.00	81.13		81.13	.01
FRACTURES, DISLOCATIONS	1	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	232	283	26,630.00	94.10	.002	114.78	.23
ALL OTHER SERVICES	99	199		6.78		13.64	.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	003 THRU DEC	2003	PAGE 18,258
MOP024	FEE-FOR-SERVICE						01/29/04
YUBA COUNTY	SUMMARY OF SERV	VICES FOR CASH GRANT	· - TOTAL				C.F.
115 027 FITGING	TICEDC	INITE OF CERTICE	PADEMDIAIDEG		MONT		
115,037 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	FYLFUDIIOKES	AVERAGE COST   PER UNIT/DAY		USER	COST PER ELIGIBLE
@OPTOMETRIST	2,032	5,756 \$	124,905.22	\$ 21.70	.050 \$	61.47	
DIAGNOSTIC AND ANC. PROCED	1,117	1,167	51,886.59	44.46	.010	46.45	.45
	-,:	-,	,,		· - <del></del>		

EVE ADDITANCES	1 570	4 444	70 470 60	15.06	020	44.02	61
EYE APPLIANCES	1,572	4,444	70,478.60	15.86	.039	44.83	.61
OTHER OPTOMETRIC SERVICES	93	145	2,540.03	17.52	.001	27.31	.02
@CHIROPRACTOR	501	1,147 \$	18,712.14	\$ 16.31	.010 \$	37.35	
VISITS	475 26 299 62	1,095	18,141.20	16.57	.010	38.19	.16
OTHER SERVICES	26	52	570.94	10.98	.000	21.96	.00
@PODIATRIST	299	475 \$	8,195.99	\$ 17.25	.004 \$	27.41	\$ .07
MEDICINE/INJECTIONS	62	80	2,046.84	25.59	.001	33.01	.02
SURGERY/ANES.	1	3	716.86	238.95	.000	716.86	.01
RADIO./PATHOLOGY	7	12	207.60	17.30	.000	29.66	.00
OTHER	237	380	5,224.69	13.75	.003	22.05	.05
	359						
@HOME HEALTH AGENCY		3,077 \$	135,633.46	\$ 44.08	.027 \$	377.81	
NURSE ANESTHESIST	29	318 \$	2,755.46	\$ 8.66	.003 \$	95.02	
NURSE MIDWIFE	39	88 \$	30,673.69	\$ 348.56	.001 \$	786.50	\$ .27
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	
FAMILY NURSE PRACTITIONER	2,421	5,862 \$	89,392.53 10,761,647.14 9,178,748.46	\$ 15.25	.051 \$	36.92	\$ .78
OTOTAL HOCDITAL	11 0/1	58,068 \$	10,761,647.14	\$ 185.33	.505 \$	974.70	\$ 93.55
HOSP INPATIENT TOTAL	1,297	6,741	9,178,748.46	1361.63	.059	7076.91	79.79
HSC HOSPITALS	167	1,451	1,914,278.29	1319.28		11462.74	16.64
NON-HSC HOSPITAL TOTAL	847	4,034	7,028,254.93	1742.25	.035	8297.82	61.10
ACCOMMODATIONS	9//	4,034	1,722,700.05	427.05	.035	2041.11	14.98
ACCOMPODATIONS	22	394	89,534.78	227.25	.003	2713.18	.78
ADMINISTRATIVE DATS	33			.00			
TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	834	3,640	1,633,165.27	448.67	.032	1958.23	14.20
ANCILLARIES	847	0	5,305,554.88	.00	.000	6263.94	46.12
INPATIENT CROSSOVERS	300	1,256	236,215.24	188.07	.011	787.38	2.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10,399	51,327	1,582,898.68	30.84	.446	152.22	13.76
MEDICAL	3,405	5,509	270,149.41	49.04	.048	79.34	2.35
SURGERY	888	1,051	51,618.11	49.11	.009	58.13	. 45
PATHOLOGY	3 964	17,816	210 226 00	12.26	.155	55.08	1.90
HOTAL HOSPITAL  HOSP INPATIENT TOTAL  HSC HOSPITALS  NON-HSC HOSPITAL TOTAL  ACCOMMODATIONS  ADMINISTRATIVE DAYS  TRANSITIONAL IP CARE  ALL OTHER ACCOM  ANCILLARIES  INPATIENT CROSSOVERS  ALL OTHER INPATIENT  HOSP OUTPATIENT TOTAL  MEDICAL  SURGERY  PATHOLOGY  RADIOLOGY  RADIOLOGY  ROOM USE  CROSSOVERS/ALL OTH OUTPTNT  @COUNTY HOSPITAL TOTAL  CO HOSPITAL INPATIENT TOTAL  HSC HOSPITALS  NON-HSC HOSPITALS TOTAL  ACCOMMODATIONS  ADMINISTRATIVE DAYS  TRANSITIONAL IP CARE  ALL OTHER ACCOM  ANCILLARIES  INPATIENT CROSSOVERS  ALL OTHER INPATIENT	<i>1</i> 155	6,058	382,648.78	63.16	.053	92.09	3.33
RADIOLOGI DOOM LICE	4,155		207 500 06	40.62	.062	58.71	2.50
ROOM USE	4,097	12.016	287,500.96				
CROSSOVERS/ALL OTH OUTPINT	4,293	13,816	372,644.62	26.97	.120	86.80	3.24
@COUNTY HOSPITAL TOTAL	29	157 \$	20,802.54	\$ 132.50	.001 \$		
CO HOSPITAL INPATIENT TOTAL	5	14	15,988.00	1142.00	.000	3197.60	.14
HSC HOSPITALS	5	7,077 13,816 157 \$ 14 14 0 0 0 0 0 0	15,988.00	1142.00	.000	3197.60	.14
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCTLLARTES	0	0	.00	.00	.000	.00	.00
TNDATTENT CDOCCOVEDC	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
ALL OIRER INPAILENT	25	143	4,814.54	33.67			
CO HOSP OUTPATIENT TOTAL	∠5 5				.001	192.58	.04
MEDICAL		6	202.59	33.77	.000	40.52	.00
SURGERY	6	_ 6	133.92	22.32	.000	22.32	.00
PATHOLOGY	14	54	919.86	17.03	.000	65.70	.01
RADIOLOGY	7	9	1,401.29	155.70	.000	200.18	.01
ROOM USE	15	25	1,023.38	40.94	.000	68.23	.01
CROSSOVERS/ALL OTH OUTPINT	17	43	1,133.50	26.36	.000	66.68	.01
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M	ONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 18,259
MOP024	FEE-FOR-SERVICE						01/29/04
YUBA COUNTY		ICES FOR CASH GRANT	- TOTAL				01/25/01
10211 000111	BOILING OF BLICK	Telle Fore Chem Grant	1011111		MONT	THIV AVERA	GE
115 A27 FITATRIC	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
115,037 ELIGIBLES	CALGU	OR DAYS OF CARE	FVLFUDIIOKED				
ACOMMINITAL HOCKET BORRE	11 000		10 740 044 60	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11,022	57,911 \$	10,740,844.60	\$ 185.47	.503 \$	974.49	
COMM HOSP INPATIENT TOTAL	1,292	6,727	9,162,760.46	1362.09	.058	7091.92	79.65
HSC HOSPITALS	162	1,437	1,898,290.29	1321.01	.012	11717.84	16.50

NON-HSC HOSPITALS TOTAL	847	4,034		7,028,254.93		1742.25	.035		8297.82		61.10
ACCOMMODATIONS	844	4,034		1,722,700.05		427.05	.035		2041.11		14.98
ADMINISTRATIVE DAYS	33	394		89,534.78		227.25	.003		2713.18		.78
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	834	3,640		1,633,165.27		448.67	.032		1958.23		14.20
ANCILLARIES	847	0		5,305,554.88		.00	.000		6263.94		46.12
INPATIENT CROSSOVERS	300	1,256		236,215.24		188.07	.011		787.38		2.05
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0	. 0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	10,382	51,184		1,578,084.14		30.83	.445		152.00		13.72
MEDICAL	3,400	5,503		269,946.82		49.05	.048		79.40		2.35
SURGERY	882	1,045		51,484.19		49.27	.009		58.37		.45
PATHOLOGY	3,954	17,762		217,416.94		12.24	.154		54.99		1.89
RADIOLOGY	4,150	6,049		381,247.49		63.03	.053		91.87		3.31
ROOM USE	4,150 4,886	7,052		286,477.58		40.62	.061		58.63		2.49
CROSSOVERS/ALL OTH OUTPTNT	4,280	13,773		371,511.12		26.97	.120		86.80		3.23
@STATE HOSPITAL	0	. 0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00	•	.00	.000	•	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	222	4,814	\$	799,755.83	\$	166.13	.042	\$	3602.50	\$	6.95
LEV A-INTERMEDIATE	0 0 0 222 0	. 0		.00	•	.00	.000	•	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	7	254		146,430.13		576.50	.002		20918.59		1.27
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	7 0 217 12	4,560		653,325.70		143.27	.040		3010.72		5.68
@INTERMEDIATE CARE FACILDD	12	365	\$	66,718.35	\$	182.79	.003	\$	5559.86	\$	.58
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	12	365		66,718.35		182.79	.003		5559.86		.58
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY	274	9,908	\$	448,440.55	\$	45.26	.086	\$	1636.64	\$	3.90
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	274	9,908		448,440.55		45.26	.086		1636.64		3.90
@REHABILITATION FACILITY	26	63	\$	2,571.05	\$	40.81	.001	\$	98.89	\$	.02
HOSPITAL BASED	22	59		2,458.99		41.68	.001		111.77		.02
INDEPENDENT FACILITY	4	4		112.06		28.02	.000		28.02		.00
@LABORATORY FACILITY	4,821	23,064	\$	288,130.70	\$	12.49	.200	\$	59.77	\$	2.50
PATHOLOGY	4,121	23,028		287,639.56		12.49	.200		60.04		2.50
XO AND OTHERS	30	36		491.14		13.64	.000		16.37		.00
@ORGANIZED OUTPATIENT CLINIC	23,080	40,540	\$	2,935,416.06	\$		.352	\$	127.18	\$	25.52
CLINIC	/ 48	2,935		73,729.89		25.12	.026		101.28		.64
SURGICENTER	189	790		32,447.32		41.07	.007		171.68		.28
HEROIN DETOX CLINIC	189 12 22,362	161		1,876.91		11.66	.001		156.41		.02
RURAL HEALTH CLINIC	22,362	36,654		2,827,361.94		77.14	.319		126.44		24.58
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO		JRES	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU 1	DEC	2003	Ρ	AGE 18,260
MOP024	FEE-FOR-SERVICE										01/29/04
YUBA COUNTY	SUMMARY OF SERV	VICES FOR CASH G	RANT	- TOTAL						~-	
115 025 51 5355 53					3.7.7	D. G. G. G.	M(	-		_	
115,037 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES							COST PER
ONLY OFFICE PROVIDERS	12 001	OR DAYS OF CAR		1 000 440 10			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	13,221 1,020	394,928	\$	1,888,440.12	\$	4.78	3.433	Ş		Ş	16.42
	1,020	2,529 0		321,266.18		127.03	.022		314.97		2.79
BLOOD BANK	0 136	174		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	136 1 741	1/4 40 957		29,282.50		168.29	.002		215.31		.25
IVI H LI LI C'AL. TERANIS DORTEATE LON	Ι /ΔΙ	ΔH 45'/		346 6H2 H9		× 4h	<b>イカ</b> り		1 4 4 11 2		

346,602.09

194,666.95

116,411.97

35,523.17

1,292.18

6,775.00

14,542.59

8.46

4.05

34.16

17.00

68.92

104.23

17.37

.356

.097

.250

.009

.001

.002

.001

199.08

134.53

531.56

298.51

1322.05

104.23

34.00

3.01

1.69

1.01

.31

.01

.13

.06

40,957

11,208

28,709

1,040

76

65

211

1,741

1,447

219

119

38

11

65

MEDICAL TRANSPORTATION

OTHER TRANS

ACUPUNCTURE

OTHER SERVICES

AMBULANCES/AIR TRANS

ADULT DAY HEALTH CARE CTR

GENETIC DISEASE TESTING

IHMC, MODEL-NF, NF, AIDS, MSSP	544	12,060	477,202.42	39.57	.105	877.21	4.15
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,769	3,967	44,056.18	11.11	.034	24.90	.38
PHYSICAL THERAPIST	69	330	4,961.30	15.03	.003	71.90	.04
PORTABLE X-RAY	12	28	472.74	16.88	.000	39.40	.00
PROSTHETIST/ORTHOTISTS	296	615	57,002.73	92.69	.005	192.58	.50
PROSTHETICS	291	609	56,495.47	92.77	.005	194.14	.49
ORTHOTICS	6	6	507.26	84.54	.000	84.54	.00
PSYCHOLOGIST	1	3	56.99	19.00	.000	56.99	.00
SPEECH AND AUDIOLOGY	354	969	42,589.00	43.95	.008	120.31	.37
HOSPICE SERVICES	14	339	40,092.59	118.27	.003	2863.76	.35
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5,189	45,359	297,507.38	6.56	.394	57.33	2.59
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

2,921 287,246 204,738.25 2.497 70.09 1.78 ALL OTHER PROVIDERS .71 @CALIF. CHILDREN SERVICES\* 2,291,103.31 \$ 328.19 .061 \$ 4158.08 \$ 551 6,981 19.92 @XOVER EXCLUDING STATE HOSP\*\* 6,585 51,106 \$ 967,305.22 \$ 18.93 .444 \$ 146.90 \$ 8.41

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,261 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 YUBA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

MOPUZ4	CINANA DI CE CEDI		TATERANEC	ATD GODDG 45	<b>CO</b>		01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	- INFANTS	AID CODES 47			
1 100 51 10151 50	11077				MON'		
1,128 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	763	2,721 \$	210,019.77	\$ 77.18	2.412 \$	275.26	\$ 186.19
@PHYSICIANS SERVICES	189	404 \$	18,597.67	\$ 46.03	.358 \$		\$ 16.49
OUTPATIENT VISITS	127	178	5,413.79	30.41	.158	42.63	4.80
OFFICE VISITS	126	177	5,369.19	30.33	.157	42.61	4.76
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.001	44.60	.04
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	18	96	8,309.94	86.56	.085	461.66	7.37
HOSPITAL VISITS	14	26	1,194.30	45.93	.023	85.31	1.06
CRITICAL CARE	6	70	7,115.64	101.65	.062	1185.94	6.31
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	7	12	440.65	36.72	.011	62.95	.39
EXAMINATIONS	7	12	440.65	36.72	.011	62.95	.39
SERVICES AND MATERIALS	,	0	.00	.00	.000	.00	.00
	2	6	987.67	164.61	.005	329.22	.88
INPATIENT HOSPITAL SURGERY	3	0	843.09				
PRINCIPAL SURGEON	2	0		421.55	.002	421.55	.75
ASSISTANT SURGEON	U		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	144.58	36.15	.004	144.58	.13
OUTPATIENT SURGERY	6	16	684.21	42.76	.014	114.04	.61
PRINCIPAL SURGEON	4	5	327.65	65.53	.004	81.91	. 29
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	11	356.56	32.41	.010	118.85	.32
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	5	6	74.59	12.43	.005	14.92	.07
RADIOLOGY	39	48	1,225.79	25.54	.043	31.43	1.09
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	7.65	7.65	.001	7.65	.01
OTHER SERVICES/ALL X-OVERS	20	41	1,453.38	35.45	.036	72.67	1.29
@PHARMACY	346	807 \$	34,858.20	\$ 43.19	.715 \$	100.75	\$ 30.90
PRESCRIPTION DRUGS	341	777	34,770.63	44.75	.689	101.97	30.83
SNF/ICF	1	1	107.23	107.23	.001	107.23	.10
OUTPATIENTS	340	776	34,663.40	44.67	.688	101.95	30.73
MEDICAL SUPPLIES	13	30	87.57	2.92	.027	6.74	.08
@DENTIST	0	0 \$	.00	\$ .00	.000 \$		
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	Ö	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00		.000		.00
SPACE MAINTAINERS	0			.00		.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	U	U	.00	.00	.000	.00	.00

ORTHODONTIC SERVICES 0 0 0 .00 .00 .00 .00 .00 ALL OTHER SERVICES 0 0 0 .00 .00 .00 .00

.00 .00

01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,262 MOP024

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69
----- MONTHLY AVERAGE ------YUBA COUNTY 1,128 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST Ω 0 .00 . 00 .000 \$ .00 \$ . 00 .00 .00 DIAGNOSTIC AND ANC. PROCED Ω Ω .00 .000 .00 . 00 EYE APPLIANCES OTHER OPTOMETRIC SERVICES 0 .00 0 .00 @CHIROPRACTOR 0 VISITS Ω .00 .00 OTHER SERVICES @PODIATRIST .00 MEDICINE/INJECTIONS .00 SURGERY/ANES. . 00 RADIO./PATHOLOGY .00 OTHER .00 @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE @HOME HEALTH AGENCY .24 0 .00 Ο NURSE MIDWIFE . 00 0 PEDIATRIC NURSE PRACTITIONER 0 .00 FAMILY NURSE PRACTITIONER 12 .17 408 \$
76
58
18
18
0
0
18
0
0
332
46
9
124
42
69 @TOTAL HOSPITAL 98 408 \$ 77.08 15 HOSP INPATIENT TOTAL 69.39 5 55.90 HSC HOSPITALS NON-HSC HOSPITAL TOTAL 13.49 ACCOMMODATIONS 10 6.18 ADMINISTRATIVE DAYS 0 . 00 TRANSITIONAL IP CARE Ω .00 10 ALL OTHER ACCOM 6.18 1.0 7.31 ANCTILIARTES INPATIENT CROSSOVERS 0 .00 0 ALL OTHER INPATIENT .00 HOSP OUTPATIENT TOTAL 86 7.69 35 MEDICAL SURGERY 7 .50 39 PATHOLOGY 1.11 RADIOLOGY 35 1.22 69 61 ROOM USE 2.41 CROSSOVERS/ALL OTH OUTPINT . 54 0 @COUNTY HOSPITAL TOTAL Ω .00 0 CO HOSPITAL INPATIENT TOTAL .00 . 00 HSC HOSPITALS . 00 NON-HSC HOSPITALS TOTAL ACCOMMODATIONS .00 Ω .00 ADMINISTRATIVE DAYS .00 .000 0 .00 .00 TRANSITIONAL IP CARE .00 ALL OTHER ACCOM .000 .00 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 ALL OTHER INPATIENT .00 .000 .00 .00 CO HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 MEDICAL .00 SURGERY .00 .00 .000 .00 .00 .00 .000 .00 .00 PATHOLOGY 0 . 00 . 000 . 00 RADTOLOGY . 00 .000 ROOM USE .00 .00 .00

YUBA COUNTY	SUMMARY OF SERV	/ICES FOR 185% P	ROGRAM	- INFANTS	AID CODES					
								THLY AVERA		
1,128 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE CO	OST UNITS/DA	YS	COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/I	DAY PER ELI	G	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	98	408	\$	86,950.28	\$ 213.13	.362	\$	887.25	\$	77.08
COMM HOSP INPATIENT TOTAL	15	76	•	78,272.18	1029.90	.067		5218.15	•	69.39
HSC HOSPITALS	5	58		63,057.50	1087.20			12611.50		55.90
NON-HSC HOSPITALS TOTAL	10	18		15,214.68	845.26			1521.47		13.49
	10	18						697.11		
ACCOMMODATIONS				6,971.10	387.28					6.18
ADMINISTRATIVE DAYS	0	0		.00	.00			.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00			.00		.00
ALL OTHER ACCOM	10	18		6,971.10	387.28			697.11		6.18
ANCILLARIES	10	0		8,243.58	.00			824.36		7.31
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	86	332		8,678.10	26.14	.294		100.91		7.69
MEDICAL	35	46		2,151.28	46.7			61.47		1.91
SURGERY	7	9		569.46	63.2			81.35		.50
PATHOLOGY	39	124		1,255.17	10.12			32.18		1.11
	35	42		1,372.02	32.6			39.20		1.22
RADIOLOGY	61	69		1,3/2.02						
ROOM USE				2,719.12	39.41			44.58		2.41
CROSSOVERS/ALL OTH OUTPTNT		42		611.05	14.5			20.37		.54
@STATE HOSPITAL	0	0	\$	.00	\$ .00			.00	\$	.00
MENTALLY ILL	0	0		.00	.00			.00		.00
DEVELOP. DISABLED	0	0		.00	.00			.00		.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00			.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	-	0		.00	.00			.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00			.00		.00
	0	0		.00	.00			.00		.00
LEV B-TRANSITIONAL IP CARE	0									
LEV B-REGULAR		0	4	.00	.00			.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00			.00	\$	.00
ICF DDH	0	0		.00	.00			.00		.00
ICF DD	0	0		.00	.00			.00		.00
ICF DDN/DDCN	0	0		.00	.00			.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00			.00	\$	.00
HOSPITAL BASED	0	0	τ	.00	.00		~	.00	Ψ.	.00
INDEPENDENT FACILITY	0	Õ		.00	.00			.00		.00
	26	37	\$	448.44	\$ 12.12			17.25	\$	.40
@LABORATORY FACILITY	26	37	Ą		12.12			17.25	Ą	.40
PATHOLOGY				448.44						
XO AND OTHERS	0	0		.00	.00			.00	4.	.00
@ORGANIZED OUTPATIENT CLINIC	465	842	\$	65,299.36	\$ 77.55			140.43	\$	57.89
CLINIC	6	17		333.06	19.59			55.51		.30
SURGICENTER	1	7		246.21	35.1	.006		246.21		.22
HEROIN DETOX CLINIC	0	0		.00	.00	.000		.00		.00
RURAL HEALTH CLINIC	459	818		64,720.09	79.12	.725		141.00		57.38
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITU	RES MOI		EPORT FOR JA				F	PAGE 18,264
MOP024	FEE-FOR-SERVICE								_	01/29/04
YUBA COUNTY		JICES FOR 185% P	ROGRAM	- TNFANTS	AID CODES	47 69				01,20,01
TODA COUNTI	DOMINANT OF SERV	ATCED FOR TOO'S P	MANDON	TIME WINT D	YID CODES		MONTO	THLY AVERA	CE	
1 120 FITATRIES	TICEDO	IMITE OF CERTIC	T.	EADEMDIMIDEO	717ED 7 CE C	OST UNITS/DA				
1,128 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES						COST PER
ONLI OMURD DDCCCTDDC	2.0	OR DAYS OF CAR		2 405 22		DAY PER ELI		USER		ELIGIBLE
@ALL OTHER PROVIDERS	30	206	\$	3,405.33	\$ 16.53	.183	Ş	113.51	Ş	3.02

DURABLE MED. EQUIP.	17	19		1,492.76	78.57	.017	87.81	1.32
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	179		1,609.48	8.99	.159	160.95	1.43
AMBULANCES/AIR TRANS	10	179		1,609.48	8.99	.159	160.95	1.43
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6		249.42	41.57	.005	83.14	.22
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	2		53.67	26.84	.002	26.84	.05
@CALIF. CHILDREN SERVICES*	7	51	\$	44,622.53	\$ 874.95	.045	\$ 6374.65	\$ 39.56
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@* TOTALS IN THESE LINES ARE GIVE	N AS A SEPARATE 1	INFORMATION	TTEM ONLY	;				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,265
MOPO 24 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

TODA COUNTI	SUMMANT OF SER	VICES FOR 103% FROGRAM	- FILEGUANI A.	TD CODES 44 40	コン		
					MC	ONTHLY AVERA	GE
1,991 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,382	8,426 \$	1,159,924.65	\$ 137.66	4.232	\$ 839.31	\$ 582.58
@PHYSICIANS SERVICES	611	1,712 \$	170,263.20	\$ 99.45	.860	\$ 278.66	\$ 85.52
OUTPATIENT VISITS	202	216	19,909.49	92.17	.108	98.56	10.00
OFFICE VISITS	43	49	2,234.08	45.59	.025	51.96	1.12
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	249.65	62.41	.002	62.41	.13
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	159	160	17,378.36	108.61	.080	109.30	8.73
OTHER OUTPATIENT	2	3	47.40	15.80	.002	23.70	.02
INPATIENT VISITS	107	356	27,043.67	75.97	.179	252.74	13.58
HOSPITAL VISITS	99	258	11,660.35	45.20	.130	117.78	5.86
CRITICAL CARE	14	98	15,383.32	156.97	.049	1098.81	7.73
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	177	568	100,215.43	176.44	.285	566.19	50.33
PRINCIPAL SURGEON	93	99	80,951.75	817.69	.050	870.45	40.66
ASSISTANT SURGEON	23	23	4,343.58	188.85	.012	188.85	2.18
ANESTHESIOLOGIST	89	446	14,920.10	33.45	.224	167.64	7.49
OUTPATIENT SURGERY	35	68	3,330.52	48.98	.034	95.16	1.67
PRINCIPAL SURGEON	29	41	2,503.51	61.06	.021	86.33	1.26

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	9	27	827.01	30.63	.014	91.89	.42
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	28	46	1,176.61	25.58	.023	42.02	.59
RADIOLOGY	230	296	11,662.69	39.40	.149	50.71	5.86
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	23	390.38	16.97	.012	43.38	.20
OTHER SERVICES/ALL X-OVERS	66	139	6,534.41	47.01	.070	99.01	3.28
@PHARMACY	350	661	\$ 18,111.89	\$ 27.40	.332	\$ 51.75	\$ 9.10
PRESCRIPTION DRUGS	345	639	17,265.61	27.02	.321	50.05	8.67
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	345	639	17,265.61	27.02	.321	50.05	8.67
MEDICAL SUPPLIES	12	22	846.28	38.47	.011	70.52	.43
@DENTIST	1	13	\$ 39.00	\$ 3.00	.007	\$ 39.00	\$ .02
VISITS - DIAGNOSTIC	1	12	39.00	3.25	.006	39.00	.02
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	Ι	1		.00	.00	.001	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		_	TIDES M	ONTH-OF-PAYMENT RI				D7	GE 18,266
MOP024	FEE-FOR-SERVICE		OKED M	ONIH OF FAIMENT KI	EFORT FOR UAN	ZOOS TIMO DEN	2005	FF	01/29/04
YUBA COUNTY			PROGRA	M - PREGNANT A	ID CODES 44 48	49			01/25/04
10D1 COON11	BOMMICI OF BLICK	TODO TOR TOO	1100101	II IIIIIIII III	ID CODED II IO	MON'	THIY AVERA	7F	
1,991 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST				OST PER
17551 HHIGHBERS	052165	OR DAYS OF CA			PER UNIT/DAY		USER		LIGIBLE
@OPTOMETRIST	0	011 21112 01 011	\$	.00	\$ .00	.000 \$	.00		.00
DIAGNOSTIC AND ANC. PROCED	0	0	τ	.00	.00	.000	.00	Ψ	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
VISITS	0	0	•	.00	.00	.000	.00	•	.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	69	75	\$	3,112.59	\$ 41.50	.038 \$		\$	1.56
NURSE ANESTHESIST	2	6	\$	203.20	\$ 33.87	.003 \$	101.60	\$	.10
NURSE MIDWIFE	30	128	\$	21,212.38	\$ 165.72	.064 \$	707.08	\$	10.65
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$ .00	.000 \$	.00	\$	.00
FAMILY NURSE PRACTITIONER	2	4	Ş	36.11	\$ 9.03	.002 \$		\$	.02
@TOTAL HOSPITAL	634	4,136	\$	889,137.67	\$ 214.98	2.077 \$		\$	446.58
HOSP INPATIENT TOTAL	134	645		807,644.32	1252.16	.324	6027.20		405.65
HSC HOSPITALS	11	150		228,610.03	1524.07	.075	20782.73		114.82
NON-HSC HOSPITAL TOTAL	123 122	495 495		579,034.29	1169.77	.249	4707.60 1465.37		290.83 89.79
ACCOMMODATIONS ADMINISTRATIVE DAYS	1 2 2	495 7		178,775.55 1,619.10	361.16 231.30	.249 .004	1619.10		.81
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	121	488		177,156.45	363.03	.245	1464.10		88.98
ANCILLARIES	123	0		400,258.74	.00	.000	3254.14		201.03
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	567	3,491		81,493.35	23.34	1.753	143.73		40.93
MEDICAL	55	73		4,108.05	56.27	.037	74.69		2.06
SURGERY	28	32		856.28	26.76	.016	30.58		.43
PATHOLOGY	330	1,056		14,347.37	13.59	.530	43.48		7.21
RADIOLOGY	169	188		11,316.07	60.19	.094	66.96		5.68
ROOM USE	238	571		19,316.59	33.83	.287	81.16		9.70
CROSSOVERS/ALL OTH OUTPTNT	223	1,571		31,548.99	20.08	.789	141.48		15.85
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL		0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	ONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DEC	C 2003	PA	GE 18,267
MOP024	FEE-FOR-SERVICE	C/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRAM	M - PREGNANT A	ID CODES 44 48	49			
					MONT	THLY AVERA	GE -	
1,991 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	OST PER
•		OR DAYS OF CARE		PER UNIT/DAY		USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	634	4,136 \$	889,137.67	\$ 214.98	2.077 \$	1402.43	\$	446.58
COMM HOSP INPATIENT TOTAL	134	645	807,644.32	1252.16	.324	6027.20	•	405.65
HSC HOSPITALS	11	150	228,610.03	1524.07	.075	20782.73		114.82
NON-HSC HOSPITALS TOTAL	11 123 122	495	579,034.29	1169.77	.249	4707.60		290.83
ACCOMMODATIONS	122	495	178,775.55	361.16	.249	1465.37		89.79
ADMINISTRATIVE DAYS	1	7	1,619.10	231.30	.004	1619.10		.81
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	121 123	488	177,156.45	363.03	.245	1464.10		88.98
ANCILLARIES	123	0	400,258.74	.00	.000	3254.14		201.03
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	567	3,491	81,493.35	23.34	1.753	143.73		40.93
MEDICAL	55	73	4,108.05	56.27	.037	74.69		2.06
SURGERY	28	32	856.28	26.76	.016	30.58		.43
PATHOLOGY	330	1,056	14,347.37	13.59	.530	43.48		7.21
RADIOLOGY	169	188	11,316.07	60.19	.094	66.96		5.68
ROOM USE	238	571	19,316.59	33.83	.287	81.16		9.70
CROSSOVERS/ALL OTH OUTPINT	223	1,571	31,548.99	20.08	.789	141.48		15.85
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0 0	.00	.00	.000	.00		.00
LEV B-REGULAR	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	261	901 \$	14,560.66	\$ 16.16	.453 \$	55.79	\$	7.31
PATHOLOGY	261	901	14,560.66	16.16	.453	55.79		7.31
YO AND OTHERS	0	Λ	0.0	0.0	000	0.0		0.0

XO AND OTHERS

CLINIC

@ORGANIZED OUTPATIENT CLINIC

0

194

16

0

69

454 \$

.00 33,978.24 \$ 3,125.78

.000

.035

.00

74.84

45.30

.000 .00 .228 \$ 175.15 \$

195.36

.00

17.07

 
 SURGICENTER
 1
 8
 199.69
 24.96
 .004
 199.69
 .10

 HEROIN DETOX CLINIC
 0
 0
 .00
 .00
 .00
 .00
 .00
 .00

 RURAL HEALTH CLINIC
 177
 377
 30,652.77
 81.31
 .189
 173.18
 15.40
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,268 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

YUBA COUNTY ----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 1,991 ELIGIBLES USERS

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,269 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

YUBA COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

						MON	ITHLY AVERA	GE
04 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	Ξ		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	24	105	\$	13,450.61	\$ 128.10	26.250	560.44	\$ 3362.65
@PHYSICIANS SERVICES	11	27	\$	1,639.26	\$ 60.71	6.750	149.02	\$ 409.82
OUTPATIENT VISITS	2	2		97.98	48.99	.500	48.99	24.50
OFFICE VISITS	1	1		37.50	37.50	.250	37.50	9.38
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1		60.48	60.48	.250	60.48	15.12
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	2	7		320.01	45.72	1.750	160.01	80.00
HOSPITAL VISITS	2	7		320.01	45.72	1.750	160.01	80.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	3	1		5.7	79.98		58.00	2.500		193.33		145.00
PRINCIPAL SURGEON	1		1		72.14		272.14	.250		272.14		68.04
	1						107.22					
ASSISTANT SURGEON	1		1		07.22			.250		107.22		26.81
ANESTHESIOLOGIST	1		8		00.62		25.08	2.000		200.62		50.16
OUTPATIENT SURGERY	1		1		36.48		536.48	. 250		536.48		134.12
PRINCIPAL SURGEON	1		1	53	36.48		536.48	.250		536.48		134.12
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	1		1		3.80		3.80	.250		3.80		.95
RADIOLOGY	4		6	10	01.01		16.84	1.500		25.25		25.25
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		
OTHER SERVICES/ALL X-OVERS	0					4					<u>ب</u>	.00
@PHARMACY	0		0 \$		.00	\$	.00	.000		.00	\$	.00
PRESCRIPTION DRUGS	U		0		.00		.00	.000		.00		.00
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	0		0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	0		0 \$		.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		n		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
	0		0									
RESTORATIVE DENTISTRY	U		0		.00		.00	.000		.00		.00
PROSTHETICS	U		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPEND	ITURES	MONTH-OF-PAYM	MENT RE	PORT	FOR JAN				PΑ	GE 18,270
MOP024	FEE-FOR-SERVICE/D			01 11111		- 0111			220	2005		01/29/04
YUBA COUNTY	SUMMARY OF SERVICE			מר מוזייקגם די	MAGE		AID CODE	76				01/25/01
IODA COUNTI	SOMMANT OF SERVICE	.ED FOR OU .	DAI FOL	or PARTON PROC	JICAN		AID CODE		MONT	HLY AVERA	CF _	
OA ELICIDIEC	USERS U	מודיים כה כהים	TT OF	EXPENDIT	PT T D TP C	7/ 7/ 7/ 7/ 7	RAGE COST					OST PER
04 ELIGIBLES		NITS OF SER		FYLFINDII	LUKES		UNIT/DAY				_	LIGIBLE
CODMOMENTA		OR DAYS OF			0.0					USER		-
@OPTOMETRIST	0		0 \$		.00	\$	.00	.000		.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0 \$		.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0 \$		.00	\$	.00	.000		.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00	Υ	.00	.000		.00	Ψ	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0											
OTHER	Ü		0		.00	Å	.00	.000		.00	4	.00
@HOME HEALTH AGENCY	U		0 \$		.00	Ş	.00	.000		.00	Ş	.00
NURSE ANESTHESIST	0		U Ş		.00	Ş	.00	.000		.00	\$	.00
NURSE MIDWIFE	1		3 \$	2	25.23	\$	8.41	.750		25.23	\$	6.31
PEDIATRIC NURSE PRACTITIONER	0		0 \$		.00	\$	.00	.000	\$	.00	\$	.00

FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	7	28	\$ 10,598.10	\$ 378.50	7.000	\$ 1514.01	\$ 2649.53
HOSP INPATIENT TOTAL	2	7	10,010.88	1430.13	1.750	5005.44	2502.72
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	7	10,010.88	1430.13	1.750	5005.44	2502.72
ACCOMMODATIONS	2	7	1,947.85	278.26	1.750	973.93	486.96
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7	1,947.85	278.26	1.750	973.93	486.96
ANCILLARIES	2	0	8,063.03	.00	.000	4031.52	2015.76
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	21	587.22	27.96	5.250	97.87	146.81
MEDICAL	3	3	248.24	82.75	.750	82.75	62.06
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	74.12	12.35	1.500	24.71	18.53

RADIOLOGY	2	2	84.37	42.19	.500	42.19	21.09
ROOM USE	3	3	103.26	34.42	.750	34.42	25.82
CROSSOVERS/ALL OTH OUTPTNT	3	7	77.23	11.03	1.750	38.62	19.31
@COUNTY HOSPITAL TOTAL	0	, 0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0 \$	.00	.00	.000 \$	.00	.00
HSC HOSPITALS	0	0	.00		.000	.00	.00
	0	0		.00			
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	U	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	U	· ·	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES MON	TH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 18,271
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/29/04
YUBA COUNTY	SUMMARY OF SER	VICES FOR 60-DAY POST P	ARTUM PROGRAM	AID CODE	76		
					MONT	HLY AVERA	GE
04 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	28 \$	10,598.10	\$ 378.50	7.000 \$	1514.01	\$ 2649.53
COMM HOSP INPATIENT TOTAL	2	7	10,010.88	1430.13	1.750	5005.44	2502.72
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	7	10,010.88	1430.13	1.750	5005.44	2502.72
ACCOMMODATIONS	2	7	1,947.85	278.26	1.750	973.93	486.96
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	7	1,947.85	278.26	1.750	973.93	486.96
ANCILLARIES	2	0	8,063.03	.00	.000	4031.52	2015.76
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	21	587.22	27.96	5.250	97.87	146.81
MEDICAL MEDICAL	3	3	248.24	82.75	.750	82.75	62.06
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	6	74.12	12.35	1.500	24.71	18.53
	2	2	84.37	42.19	.500	42.19	21.09
RADIOLOGY	2	3					
ROOM USE	3	3 7	103.26	34.42	.750	34.42	25.82
CROSSOVERS/ALL OTH OUTPTNT	0		77.23	11.03	1.750	38.62	19.31
@STATE HOSPITAL	0	0 \$ 0	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	•	· ·	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00

0 0 0

\$

.00

.00

.00

.00

.00

.00

.00

\$

\$

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000 \$

.000 \$

.00

.00

.00

.00

.00

.00 \$

.00 \$

.00

.00

.00

.00

.00

.00

.00

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

ICF DDH

ICF DD

0

0

0

0

0

	HOSPITAL BASED	0		0			.00		.00	.000		.00		.00
	HEMODIALYSIS CENTER	0		0			.00		.00	.000		.00		.00
a	REHABILITATION FACILITY	0		Ö	\$		.00	\$	.00	.000		.00	Ś	.00
-	HOSPITAL BASED	0		0	7		.00	т.	.00	.000		.00	т.	.00
	INDEPENDENT FACILITY	0		0			.00		.00	.000		.00		.00
a	LABORATORY FACILITY	4		7	\$		125.62	\$	17.95	1.750		31.41	Ś	31.41
	PATHOLOGY	4		7	τ		125.62	τ	17.95	1.750		31.41	Υ	31.41
	XO AND OTHERS	0		0			.00		.00	.000		.00		.00
@	ORGANIZED OUTPATIENT CLINIC	5		6	\$		566.38	\$	94.40	1.500		113.28	\$	141.60
	CLINIC	0		0	•		.00		.00	.000		.00		.00
	SURGICENTER	0		0			.00		.00	.000		.00		.00
	HEROIN DETOX CLINIC	0		0			.00		.00	.000		.00		.00
	RURAL HEALTH CLINIC	5		6			566.38		94.40	1.500		113.28		141.60
#	CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EX	PENDITU	RES M	ONTH-OF-		REPORT	FOR JAN			2003	PI	AGE 18,272
	MOP024	FEE-FOR-SERVICE												01/29/04
	YUBA COUNTY	SUMMARY OF SERV	ICES FOR	60-DAY	POST	PARTUM	PROGRAM		AID CODE	76				
											MONT	HLY AVERA	GE -	
	04 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPE	NDITURES	AVE	RAGE COST	UNITS/DA	YS	COST PER	(	COST PER
			OR DAYS	OF CAR	E			PER	UNIT/DAY	PER ELI	G	USER	I	ELIGIBLE
@	ALL OTHER PROVIDERS	3		34	\$		496.02	\$	14.59	8.500	\$	165.34	\$	124.01
	DURABLE MED. EQUIP.	0		0			.00		.00	.000		.00		.00
	BLOOD BANK	0		0			.00		.00	.000		.00		.00
	HEARING AID DISPENSERS	0		0			.00		.00	.000		.00		.00
	MEDICAL TRANSPORTATION	3		34			496.02		14.59	8.500		165.34		124.01
	AMBULANCES/AIR TRANS	3		34			496.02		14.59	8.500		165.34		124.01
	OTHER TRANS	0		0			.00		.00	.000		.00		.00
	OTHER SERVICES	0		0			.00		.00	.000		.00		.00
	ACUPUNCTURE	0		0			.00		.00	.000		.00		.00
	ADULT DAY HEALTH CARE CTR	0		0			.00		.00	.000		.00		.00
	GENETIC DISEASE TESTING	0		0			.00		.00	.000		.00		.00
	IHMC, MODEL-NF, NF, AIDS, MSSP	0		0			.00		.00	.000		.00		.00
	OCCUPATIONAL THERAPIST	0		0			.00		.00	.000		.00		.00
	OPTICIAN	0		0			.00		.00	.000		.00		.00
	PHYSICAL THERAPIST	0		0			.00		.00	.000		.00		.00
	PORTABLE X-RAY	0		0			.00		.00	.000		.00		.00
	PROSTHETIST/ORTHOTISTS	0		0			.00		.00	.000		.00		.00
	PROSTHETICS	0		0			.00		.00	.000		.00		.00
	ORTHOTICS	0		0			.00		.00	.000		.00		.00
	PSYCHOLOGIST	0		0			.00		.00	.000		.00		.00
	CDEEGII AND AIDTOLOGY	^		^			0.0		0.0	000		0.0		0.0

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

LOCAL EDUCATION AGENCIES

RESPIRATORY CARE PRACT.

@CALIF. CHILDREN SERVICES\*

ALL OTHER PROVIDERS

EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

@XOVER EXCLUDING STATE HOSP\*\*

HOSPICE SERVICES

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

Ο

YUBA COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

					1.1014	TITLL AVENA	ندر
3,123 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,169	11,252 \$	1,383,395.03	\$ 122.95	3.603 \$	637.80	\$ 442.97
@PHYSICIANS SERVICES	811	2,143 \$	190,500.13	\$ 88.89	.686 \$	234.90	\$ 61.00

.00

.00

.00

.00

.00

.00 \$

.00 \$

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

.000

.000

.000

.000

.000

.000

.000

.000

.000 \$

.000 \$

.00

.00

.00

.00

.00

.00

.00

.00

.00 \$

.00 \$

.00

.00

.00

.00

.00

.00

.00

.00

.00

.00

PAGE 18,273

01/29/04

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	331	396		25,421.26		64.20	.127	76.80		8.14
OFFICE VISITS	170	227		7,640.77		33.66	.073	44.95		2.45
HOME VISITS	0	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	5	5		294.25		58.85	.002	58.85		.09
PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	160	161		17,438.84		108.32	.052	108.99		5.58
OTHER OUTPATIENT	2	3		47.40		15.80	.001	23.70		.02
INPATIENT VISITS	127	459		35,673.62		77.72	.147	280.89		11.42
HOSPITAL VISITS	115	291		13,174.66		45.27	.093	114.56		4.22
CRITICAL CARE	20	168		22,498.96		133.92	.054	1124.95		7.20
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	7	12		440.65		36.72	.004	62.95		.14
EXAMINATIONS	7	12		440.65		36.72	.004	62.95		.14
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	183	584		101,783.08		174.29	.187	556.19		32.59
PRINCIPAL SURGEON	96	102		82,066.98		804.58	.033	854.86		26.28
ASSISTANT SURGEON	24	24		4,450.80		185.45	.008	185.45		1.43
ANESTHESIOLOGIST	91	458		15,265.30		33.33	.147	167.75		4.89
OUTPATIENT SURGERY	42	85		4,551.21		53.54	.027	107.75		1.46
PRINCIPAL SURGEON	34	47		3,367.64		71.65	.015	99.05		1.08
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	12	38		1,183.57		31.15	.012	98.63		.38
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	34	53		1,255.00		23.68	.017	36.91		.40
RADIOLOGY	273	350		12,989.49		37.11	.112	47.58		4.16
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	10	24		398.03		16.58	.008	39.80		.13
OTHER SERVICES/ALL X-OVERS	86	180		7,987.79		44.38	.058	92.88		2.56
@PHARMACY	696	1,468	\$	52,970.09	\$	36.08	.470 \$		Ś	16.96
PRESCRIPTION DRUGS	686	1,416	٧	52,036.24	~	36.75	.453	75.85	~	16.66
SNF/ICF	1	1,110		107.23		107.23	.000	107.23		.03
	685	1,415		51,929.01		36.70	.453	75.81		16.63
OUTPATIENTS										
MEDICAL SUPPLIES	25	52	4	933.85		17.96	.017	37.35		.30
@DENTIST	1	13	\$	39.00	\$	3.00	.004 \$		Ş	.01
VISITS - DIAGNOSTIC	1	12		39.00		3.25	.004	39.00		.01
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	1	1		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
	0	0								
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	U	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			RES M	IONTH-OF-PAYMENT R	EPORT	' FOR JAN 2	2003 THRU DE	C 2003	PΑ	AGE 18,274
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR 185% AN	ND 60	-DAY PP TOTAL, CO	DES 4	4 47 48 49	9 69 76			
							MON	THLY AVERA	GE -	
3,123 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
•		OR DAYS OF CARE	€			UNIT/DAY		USER	Ι	ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000 \$			.00
DIAGNOSTIC AND ANC. PROCED	0	0	٠,	.00	٠٢	.00	.000	.00	7'	.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
	0	0	ċ.		ċ.				ė,	
@CHIROPRACTOR	0		\$	.00	\$	.00	.000 \$		Þ	.00
VISITS	U	0		.00		.00	.000	.00		.00

OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
	0	0				.00	.000		.00		.00
OTHER	-		4	.00							
@HOME HEALTH AGENCY	72	80	Ş	3,386.02	\$	42.33		\$	47.03		1.08
NURSE ANESTHESIST	2	6	Ş	203.20	\$	33.87		\$	101.60	\$	.07
NURSE MIDWIFE	31	131	\$	21,237.61	\$	162.12		\$	685.08	\$	6.80
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	7	16	\$	223.17	\$	13.95	.005	\$	31.88	\$	.07
@TOTAL HOSPITAL	739	4,572	Ś	986,686.05	Ś	215.81		Ġ		S	315.94
HOSP INPATIENT TOTAL	151	728	Υ	895,927.38	Υ	1230.67	.233	~	5933.29	Ψ.	286.88
HSC HOSPITALS	16	208		291,667.53		1402.25	.067		18229.22		93.39
	135	520		604,259.85		1162.04			4476.00		193.49
NON-HSC HOSPITAL TOTAL							.167				
ACCOMMODATIONS	134	520		187,694.50		360.95	.167		1400.71		60.10
ADMINISTRATIVE DAYS	1	7		1,619.10		231.30	.002		1619.10		.52
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	133	513		186,075.40		362.72	.164		1399.06		59.58
ANCILLARIES	135	0		416,565.35		.00	.000		3085.67		133.39
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	659	3,844		90,758.67		23.61	1.231		137.72		29.06
MEDICAL	93	122		6,507.57		53.34	.039		69.97		2.08
SURGERY	35	41		1,425.74		34.77	.013		40.74		.46
PATHOLOGY	372	1,186		15,676.66		13.22	.380		42.14		5.02
RADIOLOGY	206	232		12,772.46		55.05	.074		62.00		4.09
ROOM USE	302	643		22,138.97		34.43	.206		73.31		7.09
CROSSOVERS/ALL OTH OUTPTNT		1,620		32,237.27		19.90	.519		126.42		10.32
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	Ö		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
ALL OTHER ACCOM	0					.00	.000				.00
ANCILLARIES	Ü	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	Ö		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	Õ		.00		.00	.000		.00		.00
			EC M		מסמים			TP C		Ъ	
			EO M	ONTH-OF-PAYMENT RE	EPUR	I FOR JAN A	ZUUS IRKU L	正し	2003	Ρ.	AGE 18,275
MOP024	FEE-FOR-SERVICE					44 45 40 4					01/29/04
YUBA COUNTY	SUMMARY OF SERVI	CES FOR 185% AN	ש 60	-DAY PP TOTAL, COI	DES	44 47 48 49					
							MC				
3,123 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		5			COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	739	4,572	\$	986,686.05	\$	215.81	1.464	\$	1335.16	\$	315.94
COMM HOSP INPATIENT TOTAL	151	728		895,927.38		1230.67	.233		5933.29		286.88
HSC HOSPITALS	16	208		291,667.53		1402.25	.067		18229.22		93.39
NON-HSC HOSPITALS TOTAL	135	520		604 259 85		1162.23			4476 00		103 /0

134

1

0

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ACCOMMODATIONS

520

520

7

0

604,259.85

187,694.50 1,619.10

.00

1162.04

360.95

231.30

.00

4476.00

1400.71

1619.10

.00

.167

.167

.002

.000

193.49

60.10

.52

ALL OTHER ACCOM	133	513	186,075.40	362.72	.164	1399.06	59.58
ANCILLARIES	135	0	416,565.35	.00	.000	3085.67	133.39
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	659	3,844	90,758.67	23.61	1.231	137.72	29.06
MEDICAL	93	122	6,507.57	53.34	.039	69.97	2.08
SURGERY	35	41	1,425.74	34.77	.013	40.74	.46
PATHOLOGY	372	1,186	15,676.66	13.22	.380	42.14	5.02
RADIOLOGY	206	232	12,772.46	55.05	.074	62.00	4.09
ROOM USE	302	643	22,138.97	34.43	.206	73.31	7.09
CROSSOVERS/ALL OTH OUTPTNT	255	1,620	32,237.27	19.90	.519	126.42	10.32
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

	_	_									
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	•	.00	·	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	Ś	.00	\$	.00	.000	\$	.00	Ś	.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	•	.00	·	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	291	945	\$	15,134.72	\$	16.02	.303	\$	52.01	\$	4.85
PATHOLOGY	291	945	•	15,134.72	•	16.02	.303	•	52.01	·	4.85
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	664	1,302	\$	99,843.98	\$		.417	\$	150.37	\$	31.97
CLINIC	22	86	-	3,458.84	-	40.22	.028	т	157.22	т	1.11
SURGICENTER	2	15		445.90		29.73	.005		222.95		.14
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	641	1,201		95,939.24		79.88	.385		149.67		30.72
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES I		REPOR			DEC		PΑ	GE 18,276
MOP024	FEE-FOR-SERVICE/DENT										01/29/04
YUBA COUNTY	SUMMARY OF SERVICES		ND 60	O-DAY PP TOTAL. CO	DDES	44 47 48 49 69	76				-1, 22, 01
10211 0001111	SCIENTIFI OF BEHAVIORS	1011 1000 11	0	0 2111 11 1011111, 00				ONTI	HLY AVERA	GE -	

								IVI	ON.T.	HLY AVERA	نظخ	
3,123 ELIGIBLES	USERS UN	IITS OF SERVIC	E	E.	XPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
	C	R DAYS OF CAR	E			PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	109	576	\$		13,171.06	\$	22.87	.184	\$	120.84	\$	4.22
DURABLE MED. EQUIP.	17	19			1,492.76		78.57	.006		87.81		.48
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	29	487			4,950.33		10.16	.156		170.70		1.59
AMBULANCES/AIR TRANS	29	487			4,950.33		10.16	.156		170.70		1.59
OTHER TRANS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0			.00		.00	.000		.00		.00
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	59	60			6,247.50		104.13	.019		105.89		2.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000		.00		.00
OPTICIAN	0	0			.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0			.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0			.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	2	2			177.38		88.69	.001		88.69		.06
PROSTHETICS	0	0			.00		.00	.000		.00		.00
ORTHOTICS	2	2			177.38		88.69	.001		88.69		.06
PSYCHOLOGIST	0	0			.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	3	6			249.42		41.57	.002		83.14		.08
HOSPICE SERVICES	0	0			.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	2	2			53.67		26.84	.001		26.84		.02
@CALIF. CHILDREN SERVICES*	25	312	\$		217,931.63	\$	698.50	.100	\$	8717.27	\$	69.78
@XOVER EXCLUDING STATE HOSP**	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
@* TOTALS IN THESE LINES ARE GIVEN	I AS A SEPARATE	INFORMATION	ITEM	ONLY;								

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

FEE-FOR-SERVICE/DENTAL

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,277 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

IUBA COUNTI	SUMMARY OF SERV	ICES FOR TITLE II DIS	SREGARD - AGED	AID CODE	ΤΟ		
1 001					MONT		
1,001 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	960	12,805 \$	419,589.18	\$ 32.77	12.792 \$	437.07	
@PHYSICIANS SERVICES	227	642 \$	9,109.12	\$ 14.19	.641 \$		\$ 9.10
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	Ö	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	12	24.06	2.01	.012	8.02	.02
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	224	630	9,085.06	14.42	.629	40.56	9.08
@PHARMACY	874	7,793 \$	275,536.84	\$ 35.36	7.785 \$	315.26	\$ 275.26
PRESCRIPTION DRUGS	867	3,525	270,307.74	76.68	3.521	311.77	270.04
SNF/ICF	10	44	1,672.23	38.01	.044	167.22	1.67
OUTPATIENTS	857	3,481	268,635.51	77.17	3.478	313.46	268.37
MEDICAL SUPPLIES	80	4,268	5,229.10	1.23	4.264	65.36	5.22
@DENTIST	27	87 \$	5,811.00	\$ 66.79	.087 \$	215.22	
VISITS - DIAGNOSTIC	14	41	431.00	10.51	.041	30.79	.43
ORAL SURGERY	2	9	465.00	51.67	.009	232.50	.46
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	3	430.00	143.33	.003	215.00	.43
RESTORATIVE DENTISTRY	<u> </u>	17	1,085.00	63.82	.017	217.00	1.08
	1	1				30.00	
PROSTHETICS	12	16	30.00	30.00	.001		.03
DENTURES, STAYPLATES	12	0	3,370.00	210.63	.016	280.83	3.37
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	-	~	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	DNTH-OF-PAYMENT RE	SPORT FOR JAN 2	YUUS THRU DEC	∠003	PAGE 18,278

01/29/04

@OPTOMETRIST

OTHER OPTOMETRIC SERVICES @CHTROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE C

O

O

69

LINI TOTAL

17

LOSPITALS

NON-HSC HOSPITAL TOTAL

ACCOMMODATIONS

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ALL OTHER ACCOM

ANCILLARIES

UPATIENT CROSSOVERS

L OTHER INPATIENT

OUTPATIENT

CCAL FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL SURGERY 0 PATHOLOGY RADIOLOGY ROOM USE 53 CROSSOVERS/ALL OTH OUTPTNT 0 @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,279 MOP024 FEE-FOR-SERVICE/DENTAL

YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

							M	∩NTT	HIV VILDA	CF	
1,001 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY		COST PER	_	COST PER
1,001 22101222	05210	OR DAYS OF CARE				UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	69	226	\$	16,274.23	\$	72.01	.226		235.86	\$	16.26
COMM HOSP INPATIENT TOTAL	17	58	•	12,172.52	•	209.87	.058		716.03	•	12.16
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	17	58		12,172.52		209.87	.058		716.03		12.16
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	53	168		4,101.71		24.41	.168		77.39		4.10
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	53	168		4,101.71		24.41	.168		77.39		4.10
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	16	441	\$	62,442.46	\$	141.59	.441	\$	3902.65	\$	62.38
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	16	441		62,442.46		141.59	.441		3902.65		62.38
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	23	28	\$	11,946.69	\$	426.67	.028	\$	519.42	\$	11.93
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	23	28		11,946.69		426.67	.028		519.42		11.93
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	4	\$	35.62	\$	8.91	.004	\$	8.91	\$	.04
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	4	4		35.62	_	8.91	.004	_	8.91		.04
@ORGANIZED OUTPATIENT CLINIC	141	250	\$	7,929.23	\$	31.72	.250	\$	56.24	\$	7.92
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	4		226.63		56.66	.004		226.63		.23
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	140	246	TO M	7,702.60	TDODE:	31.31	.246	חחמ	55.02	_	7.69
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2003 THRU	DEC	2003	Ρ	AGE 18,280
MOP024 YUBA COUNTY	FEE-FOR-SERVICE	JOENIAL VICES FOR TITLE I	T DT	CDECADD ACED		AID CODE	16				01/29/04
IUBA COUNTI	SUMMARI OF SERV	ICES FOR IIILE I	т рт	SKEGARD - AGED		AID CODE	M	חדתיו	UIV AMEDA	CE	
1,001 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ1/F1	PACE COST	UNITS/DAY				COST PER
1,001 EDIGIBLES	CHICO	OR DAYS OF CARE		EXPENDITORES			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	216	3,256	\$	29,239.15	\$	8.98	3.253		135.37		29.21
DURABLE MED. EQUIP.	9	14	Y	719.36	Ÿ	51.38	.014	Y	79.93	Y	.72
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	15	18		4,700.95		261.16	.018		313.40		4.70
MEDICAL TRANSPORTATION	22	2,054		7,238.07		3.52	2.052		329.00		7.23
	22	2,001		.,255.67		0.02	2.002		323.30		

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	16	1,996	6,959.43	3.49	1.994	434.96	6.95
OTHER SERVICES	8	58	278.64	4.80	.058	34.83	.28
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	34	114	9,348.93	82.01	.114	274.97	9.34
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	19	48	594.32	12.38	.048	31.28	.59
PHYSICAL THERAPIST	1	1	2.35	2.35	.001	2.35	.00
PORTABLE X-RAY	1	1	.50	.50	.001	.50	.00
PROSTHETIST/ORTHOTISTS	6	12	232.20	19.35	.012	38.70	.23
PROSTHETICS	6	12	232.20	19.35	.012	38.70	.23
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	4	56.41	14.10	.004	18.80	.06

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	135	990		6,346.06	6.41	.989	47.01	6.34
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	404	1,675	\$	56,294.64	\$ 33.61	1.673	\$ 139.34	\$ 56.24
@* TOTALC IN THECE IINEC ADE CIVEN	אר א כבטאטאיים	TMEODMATTOM	TUEM ONT	v •				

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,281 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

IUBA COUNTI	SUMMARY OF SERVI	CES FUR	тттпъ т.	ו דר ד	REGARD - BLIND	AID	CODES ZO					
								MC			GE	
01 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	3 (	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3		6	\$	297.59	\$	49.60	6.000	\$	99.20	\$	297.59
@PHYSICIANS SERVICES	0		0	\$	.00	\$	.00	.000		.00	\$	.00
OUTPATIENT VISITS	0		0	т	.00	т.	.00	.000	т	.00	4	.00
OFFICE VISITS	0		Ô		.00		.00	.000		.00		.00
HOME VISITS	Õ		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
	0		0		.00			.000		.00		
PREVENTIVE CARE	0		0				.00					.00
OB VISITS/COMPRE PERI	U		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	U		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		Ô		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		Ô		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		
PSYCHIATRY	0		0		.00							.00
IMMUNIZATION AND INJECTION	0		0				.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	_		-		.00		.00	.000		.00		.00
@PHARMACY	2		5	\$	272.25	\$	54.45	5.000	Ş	136.13	\$	272.25
PRESCRIPTION DRUGS	2		5		272.25		54.45	5.000		136.13		272.25
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	2		5		272.25		54.45	5.000		136.13		272.25
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00

DECEMBRATIVE DENIGRATIONS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0					
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	U	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M					PAGE 18,282
MOP024	FEE-FOR-SERVICE			1 0101 1 010 0111 2	1005 IIIIO DE	C 2003	01/29/04
YUBA COUNTY		ICES FOR TITLE II DI	CDECIDD - DITND	AID CODES 26	67		01/25/01
TOBA COUNTY	SUMMART OF SERV	ICES FOR TITLE II DI	.SKEGAKD - BILIND	AID CODES 20		TIT 17 A 17TH A C	I.B.
01 81 10181 80	Hanna	INITES OF SERVICE		ATTERNACE COCE	MON'		
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	_	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$		•
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$		
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	0	0 \$	.00		.000 \$		
@PODIATRIST	0	U Ş		•			•
MEDICINE/INJECTIONS	U	U	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$		\$ .00
FAMILY NURSE PRACTITIONER	0	0 4	.00	\$ .00	.000 \$		\$ .00
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
	0	0 \$		•	•		•
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	U	U	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	U	U	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0			.000		
ALL OTHER ACCOM	0	0	.00	.00		.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	Ô	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	•	•	MONTH-OF-PAYMENT RE				
#CALIF DEPT OF HEALTH SERV			MONIH-OF-PAIMENT RE	PORT FOR JAN	ZUUS IHRU DEC	. 2003	PAGE 18,283
MOP024	FEE-FOR-SERVICE/DE			~			01/29/04
YUBA COUNTY	SUMMARY OF SERVICE	S FOR TITLE II I	DISREGARD - BLIND	AID CODES 26			~-
					MONT		_
01 ELIGIBLES		ITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	0	R DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	Ô	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	Ô	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0					
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	Ü	Ü	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	Ô	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0 \$	.00	.00	.000 \$	.00	.00
	0	0					
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	U	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	Ü	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
	0	0 \$		•	·		•
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	U	U	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	Ţ	1 \$	25.34	\$ 25.34	1.000 \$	25.34	\$ 25.34
CLINIC	Ü	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1	25.34	25.34	1.000	25.34	25.34
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DEC	2003	PAGE 18,284

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

					MONT	THLY AVERAGI	Ξ
01 ELIGIBLES	USERS UN	IITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	(	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@* TOTALS IN THESE LINES ARE CIVE	N AC A CEDARATE	THEODMATION TIEM ONI	.v:				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,285 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

----- MONTHLY AVERAGE -----UNITS OF SERVICE 484 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3,936 216,791.12 8.132 \$ 510.10 \$ 447.92 @TOTAL, ALL PROVIDERS 425 \$ 55.08 @PHYSICIANS SERVICES 89 282 3,045.06 \$ 10.80 .583 \$ 34.21 \$ 6.29 61.50 30.75 .004 30.75 .13 OUTPATIENT VISITS OFFICE VISITS 61.50 30.75 .004 30.75 .13 .00 .00 .00 0 0 .000 .00 HOME VISITS .00 0 .00 .000 .00 EMERGENCY ROOM 0 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .000 OB VISITS/COMPRE PERI .00 .00 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS 0 .00 .00 .000 .00 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 CRITICAL CARE SNF/ICF/TRANS IP CARE 0 .00 .00 .000 .00 .00 46.44 .002 46.44 OPHTHALMOLOGICAL SERVICES 1 46.44 .10 1 46.44 46.44 .002 46.44 .10 EXAMINATIONS SERVICES AND MATERIALS .00 .00 .000 .00 .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	13	28.80	2.22	.027	9.60	.06
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	83	266	2,908.32	10.93	.550	35.04	6.01
@PHARMACY	376	1,695 \$	172,921.67	\$ 102.02	3.502	\$ 459.90	\$ 357.28
PRESCRIPTION DRUGS	373	1,648	170,720.06	103.59	3.405	457.69	352.73

SNF/ICF	2	12		530.24		44.19	.025		265.12		1.10	
OUTPATIENTS	373	1,636	1	70,189.82		104.03	3.380		456.27		351.63	
MEDICAL SUPPLIES	26	47		2,201.61		46.84	.097		84.68		4.55	
@DENTIST	33	107	\$	7,378.00	\$	68.95	.221	\$	223.58	\$	15.24	
VISITS - DIAGNOSTIC	15	55		712.00		12.95	.114		47.47		1.47	
ORAL SURGERY	6	16		626.00		39.13	.033		104.33		1.29	
DRUGS	0	0		.00		.00	.000		.00		.00	
ANESTHESIA	0	0		.00		.00	.000		.00		.00	
PERIODONTICS	1	1		200.00		200.00	.002		200.00		.41	
ENDODONTICS	2	2		735.00		367.50	.004		367.50		1.52	
RESTORATIVE DENTISTRY	13	23		2,565.00		111.52	.048		197.31		5.30	
PROSTHETICS	0	0		.00		.00	.000		.00		.00	
DENTURES, STAYPLATES	6	10		2,540.00		254.00	.021		423.33		5.25	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	ES MONTH-OF	-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PA	GE 18,286	
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04	
YUBA COUNTY	SUMMARY OF SERVICES FOR	TITLE I	I DISREGARD	- DISABLE	D AID	CODES 36	66 6C					

----- MONTHLY AVERAGE -----UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER 484 ELIGIBLES USERS EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 947.76 @OPTOMETRIST 17 48 19.75 .099 \$ 55.75 \$ 1.96 47.45 DIAGNOSTIC AND ANC. PROCED 4 4 189.80 47.45 .008 . 39 16 702.50 16.73 43.91 1.45 EYE APPLIANCES 42 .087 OTHER OPTOMETRIC SERVICES 55.46 27.73 .004 55.46 .11 @CHIROPRACTOR .00 \$ .00 .000 \$ .00 \$ .00 VISITS 0 .00 .000 .00 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST 1 93.78 93.78 .002 \$ 93.78 \$ .19 .00 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 SURGERY/ANES. .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 1 93.78 93.78 .002 93.78 .19 590.83 31.10 590.83 @HOME HEALTH AGENCY 19 .039 \$ 1.22 .00 NURSE ANESTHESIST .00 \$ .000 \$ .00 .00 NURSE MIDWIFE 0 .00 .00 .000 \$ .00 \$ .00 \$ 0 .00 .000 PEDIATRIC NURSE PRACTITIONER .00 \$ .00 \$ .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 \$ .00 \$ .00 @TOTAL HOSPITAL 37 168 8,801.25 \$ 52.39 .347 \$ 237.87 \$ 18.18 HOSP INPATIENT TOTAL 16 5,327.56 332.97 .033 665.95 11.01 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .00 ADMINISTRATIVE DAYS .000 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 ALL OTHER ACCOM 0 .00 .000 .00 .00 0 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS 5,327.56 332.97 .033 665.95 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 HOSP OUTPATIENT TOTAL 30 152 3,473.69 22.85 115.79 7.18 .314 MEDICAL 0 .00 .00 .000 .00 .00 .000 SURGERY 0 .00 .00 .00 .00 .004 7.24 7.24 PATHOLOGY 3.62 .01 1 0 17.25 17.25 .002 17.25 RADIOLOGY .04 .00 .00 ROOM USE .00 .000 .00 28 149 3,449.20 23.15 CROSSOVERS/ALL OTH OUTPTNT .308 123.19 7.13 @COUNTY HOSPITAL TOTAL 0 .00 \$ .00 .000 \$ .00 \$ .00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN 2	2003 THRU DE	EC 2003	PAGE 18,287
MOD024	FFF-FOR-SERVICE / DE	ד א ידואי					01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL
YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

IUBA COUNTI	SUMMARY OF SERV	VICES FOR IIILE	II DI	SKEGARD - DISABLEI	) AII	CODES 36				~=	
404 51 16151 56	Hanna		_				MC			ŒĽ.	
484 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST		j .	COST PER		COST PER
	2.7	OR DAYS OF CAR		0 001 05		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	37	168	\$	8,801.25	\$	52.39	.347	Ş	237.87	Ş	
COMM HOSP INPATIENT TOTAL	8	16		5,327.56		332.97	.033		665.95		11.01
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	8	16		5,327.56		332.97	.033		665.95		11.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	30	152		3,473.69		22.85	.314		115.79		7.18
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		7.24		3.62	.004		7.24		.01
RADIOLOGY	1	1		17.25		17.25	.002		17.25		.04
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	28	149		3,449.20		23.15	.308		123.19		7.13
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2	11	\$	2,432.81	\$	221.16	.023	\$	1216.41	\$	5.03
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	11		2,432.81		221.16	.023		1216.41		5.03
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	•	.00	•	.00	.000	•	.00	•	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	4	9	\$	6,028.99	\$	669.89	.019	\$	1507.25	\$	12.46
HOSPITAL BASED	0	0	т.	.00	т	.00	.000	7	.00	т.	.00
HEMODIALYSIS CENTER	4	9		6,028.99		669.89	.019		1507.25		12.46
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	т.	.00	т	.00	.000	7	.00	-T	.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	2	8 \$	69.05	\$	8.63	.017	\$ 34.53	\$	.14
PATHOLOGY	2	8	69.05		8.63	.017	34.53		.14
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	72	171 \$	5,199.49	\$	30.41	.353	\$ 72.22	\$	10.74
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	72	171	5,199.49		30.41	.353	72.22		10.74
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT	' FOR JAN	2003 THRU	DEC 2003	PA	GE 18,288
MOP024	FEE-FOR-SERVICE/DE	NTAL							01/29/04
YUBA COUNTY	SUMMARY OF SERVICE	S FOR TITLE II	DISREGARD - DISABL	ED AID	CODES 36	66 6C			

10211 0001111	DOILITHE OF DELICATOR	-0 - 0::	DICHOLLED DIDLED	TIED CODED 30	00 00		
					MON	THLY AVERAG	GE
484 ELIGIBLES		NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	61	1,417 \$	9,282.43	\$ 6.55	2.928 \$	152.17	\$ 19.18
DURABLE MED. EQUIP.	3	5	183.39	36.68	.010	61.13	.38
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	12	1,068	7,092.96	6.64	2.207	591.08	14.65
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	12	1,068	7,092.96	6.64	2.207	591.08	14.65
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	15	31	345.55	11.15	.064	23.04	.71
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	53.87	53.87	.002	53.87	.11
PROSTHETICS	1	1	53.87	53.87	.002	53.87	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	39	312	1,606.66	5.15	.645	41.20	3.32
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	129	540 \$	20,437.02	\$ 37.85	1.116	158.43	\$ 42.23
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARAT	TNFORMATION TIEM	ONLY;				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,289
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

IODII COOMII	BOILING OF BEICVE	CHO LOIC ITIHH I		TOREGIMED TIMITETED	_	7 10 0014 1 1140	<i>-</i>				
							Mo	ГИC	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CARE	:		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
	0	0					
OTHER OUTPATIENT	Ü	Ü	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	
	0	0					.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	Ô	.00	.00	.000	.00	.00
	0	0					
INPATIENT HOSPITAL SURGERY	Ü	Ü	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
	0	0					
OUTPATIENT SURGERY	Ü	U	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	Λ	.00	.00	.000	.00	.00
	0	0					
DIALYSIS	U	U	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00			
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	Õ	0	.00	.00	.000	.00	.00
, -	0	0					
OUTPATIENTS	Ü	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
	0	0					
ORAL SURGERY	Ü	Ü	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
	0	0					
ENDODONTICS	U	U	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
	0	0					
SPACE MAINTAINERS	U	U	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	Λ	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	•	<u> </u>					
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	NIH-OF-PAYMENI REP	ORT FOR JAN 2	1003 THRU DEC	2003	PAGE 18,290
MOP024	FEE-FOR-SERVICE	/DENTAL					01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DISF	REGARD - FAMILIES	DISCONTINU	ED		
					MONTE	II.V AVEDAC	E
00 HITGIDIEG	Hanna	INTEG OF GEDVICE	EXPENDIBLE				
00 ELIGIBLES	USERS	UNITS OF SERVICE		AVERAGE COST			COST PER
		OR DAYS OF CARE	1	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
	0	0					
EYE APPLIANCES	•	<del>-</del>	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
	0	0					
OTHER SERVICES	•	•	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$		\$ .00	.000 \$		\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
SUCCESTIFICATION .	· ·	· ·	.00				. 0 0

DADIO /DATIIOI OCV	0	0	.00	.00	.000	.00	0.0
RADIO./PATHOLOGY	U	U					.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00 \$	.00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR:	ES MONTH-OF	-PAYMENT REPOR	RT FOR JAN 200	3 THRU DEC	2003	PAGE 18,291
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR	TITLE I	I DISREGARD	- FAMILIES	DISCONTINUE	)		
						MONTI	HLY AVERAG	E

					MON	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MONT	H-OF-PAYMENT RE	PORT	FOR JAN	2003 THRU I	DEC 2	2003	PAC	SE 18,292
MOP024	FEE-FOR-SERVICE/DENTAL	j									01/29/04

DISCONTINUED

SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 .00 \$ .00 .000 \$ .00 \$ .00 .00 .00 DURABLE MED. EQUIP. 0 0 .00 .000 .00 BLOOD BANK .00 .00 .00 .000 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 .00 OTHER SERVICES .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .00 .000 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .000 .00 .00 .00 .000 PSYCHOLOGIST .00 .00 .00 .00 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 HOSPICE SERVICES .000 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES\* \$ .00 .000 \$ .00 @XOVER EXCLUDING STATE HOSP\*\* .00 .00 .000 \$ .00 \$ .00

YUBA COUNTY

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

YUBA COUNTY	SUMMARY OF SERVICES FO	R TITLE I	I DISREC	GARD - TOTAL						
								HLY AVERA		
1,486 ELIGIBLES	USERS UNITS	OF SERVICE		EXPENDITURES	AVERAGE CO	ST UNITS/DA	YS	COST PER	C	COST PER
	OR DA	YS OF CARE			PER UNIT/D	AY PER ELI	G	USER	E	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,388	16,747	\$	636,677.89	\$ 38.02	11.270	\$	458.70	\$	428.45
@PHYSICIANS SERVICES	316	924	\$	12,154.18	\$ 13.15	.622	\$	38.46	\$	8.18
OUTPATIENT VISITS	2	2	•	61.50				30.75	•	.04
OFFICE VISITS	2	2		61.50				30.75		.04
HOME VISITS	0	0		.00				.00		.00
EMERGENCY ROOM	0	0		.00				.00		.00
PREVENTIVE CARE	0	0		.00				.00		.00
	0	0		.00				.00		.00
OB VISITS/COMPRE PERI	0	0								
OTHER OUTPATIENT	0	0		.00				.00		.00
INPATIENT VISITS	0	0		.00				.00		.00
HOSPITAL VISITS	0	0		.00				.00		.00
CRITICAL CARE	0	0		.00				.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00				.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		46.44	46.44	.001		46.44		.03
EXAMINATIONS	1	1		46.44	46.44	.001		46.44		.03
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00				.00		.00
ANESTHESIOLOGIST	0	0		.00				.00		.00
OUTPATIENT SURGERY	0	0		.00				.00		.00
PRINCIPAL SURGEON	0	0		.00				.00		.00
ASSISTANT SURGEON	0	0		.00				.00		.00
ANESTHESIOLOGIST	0	0		.00				.00		.00
DIALYSIS	0	0		.00				.00		.00
PATHOLOGY	0	0		.00				.00		.00
	0	25								
RADIOLOGY	6			52.86				8.81		.04
PSYCHIATRY	0	0		.00				.00		.00
IMMUNIZATION AND INJECTION	0	0		.00				.00		.00
OTHER SERVICES/ALL X-OVERS	307	896		11,993.38				39.07		8.07
@PHARMACY	1,252	9,493	\$	448,730.76				358.41	\$	301.97
PRESCRIPTION DRUGS	1,242	5,178		441,300.05				355.31		296.97
SNF/ICF	12	56		2,202.47				183.54		1.48
OUTPATIENTS	1,232	5,122		439,097.58				356.41		295.49
MEDICAL SUPPLIES	106	4,315		7,430.71				70.10		5.00
@DENTIST	60	194	\$	13,189.00	\$ 67.98	.131	\$	219.82	\$	8.88
VISITS - DIAGNOSTIC	29	96		1,143.00	11.91	.065		39.41		.77
ORAL SURGERY	8	25		1,091.00	43.64	.017		136.38		.73
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	0	0		.00	.00			.00		.00
PERIODONTICS	1	1		200.00				200.00		.13
ENDODONTICS	4	5		1,165.00				291.25		.78
RESTORATIVE DENTISTRY	18	40		3,650.00		.027		202.78		2.46
PROSTHETICS	1	1		30.00				30.00		.02
DENTURES, STAYPLATES	18	26		5,910.00				328.33		3.98
SPACE MAINTAINERS	0	0		.00				.00		.00
MAXILLOFACIAL SERVICES	0	0		.00				.00		.00
	0	0								
FRACTURES, DISLOCATIONS	_	U		.00				.00		.00
ORTHODONTIC SERVICES	0	U		.00						.00
ALL OTHER SERVICES	0	0	TO MONTH	.00.				.00	F. 7	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		LES MONTE	1-OF-PAYMEN'I'	KEPOKT FOR JA	™ ZUU3 THRU	DEC	2003	PA	AGE 18,294
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FO	K TITLE I	T DISKEG	ARD - TOTAL			N#() NT (***	מ מינונא א זווי	OF.	

1,486 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	39	103	\$	1,933.41	\$	18.77	.069	\$	49.57	\$	1.30
DIAGNOSTIC AND ANC. PROCED	7	7		332.15		47.45	.005		47.45		.22
EYE APPLIANCES	33	85		1,456.81		17.14	.057		44.15		.98
OTHER OPTOMETRIC SERVICES	6	11		144.45		13.13	.007	_	24.08		.10
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES  @PODIATRIST	23	24	\$	.00 372.97	\$	15.54	.000 .016	\$	16.22	\$	.00 .25
MEDICINE/INJECTIONS	0	0	Ų	.00	Ą	.00	.000	Ą	.00	Ą	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	23	24		372.97		15.54	.016		16.22		.25
@HOME HEALTH AGENCY	1	19	\$	590.83	\$	31.10	.013	\$	590.83	\$	.40
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0 106	0	Ş	.00	\$	.00	.000	\$	.00	\$ \$	.00
@TOTAL HOSPITAL HOSP INPATIENT TOTAL	25	394 74	Ş	25,075.48 17,500.08	\$	63.64 236.49	.265 .050	\$	236.56 700.00	Ş	16.87 11.78
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	Ö		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	25	74		17,500.08		236.49	.050		700.00		11.78
ALL OTHER INPATIENT	0 83	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL MEDICAL	0	320 0		7,575.40 .00		23.67 .00	.215 .000		91.27 .00		5.10 .00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		7.24		3.62	.001		7.24		.00
RADIOLOGY	1	1		17.25		17.25	.001		17.25		.01
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	81	317		7,550.91		23.82	.213		93.22		5.08
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	-		RES M	OOTH-OF-PAYMENT RE	EPORT			DEC		PΖ	AGE 18,295
MOP024	FEE-FOR-SERVICE		.спр г.		DI OICI	1 1010 07110	2005 11110	рцс	2005		01/29/04
YUBA COUNTY		ICES FOR TITLE	II DI	SREGARD - TOTAL							
							M				
1,486 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
@COMMUNITY HOSPITAL TOTAL	106	OR DAYS OF CARI	±: \$	25,075.48	РЕН \$	63.64	PER ELIG .265		USER 236.56		ELIGIBLE 16.87
@COUNTIL HOSFITAL TOTAL	100	324	Ą	23,073.40	ų	03.04	. 203	ų	230.30	Y	10.07

COMM HOSP INPATIENT TOTAL	25	74	17,500.08	236.49	.050	700.00	11.78
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	25	74	17,500.08	236.49	.050	700.00	11.78
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	83	320	7,575.40	23.67	.215	91.27	5.10
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	7.24	3.62	.001	7.24	.00
RADIOLOGY	1	1	17.25	17.25	.001	17.25	.01
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	81	317		7,550.91		23.82	.213		93.22		5.08
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	18	452	\$	64,875.27	\$	143.53	.304	\$	3604.18	\$	43.66
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	18	452		64,875.27		143.53	.304		3604.18		43.66
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	27	37	\$	17,975.68	\$	485.83	.025	\$	665.77	\$	12.10
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	27	37		17,975.68		485.83	.025		665.77		12.10
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	12	\$	104.67	\$	8.72	.008	\$	17.45	\$	.07
PATHOLOGY	2	8		69.05		8.63	.005		34.53		.05
XO AND OTHERS	4	4		35.62		8.91	.003		8.91		.02
@ORGANIZED OUTPATIENT CLINIC	214	422	\$	13,154.06	\$	31.17	.284	\$	61.47	\$	8.85
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	4		226.63		56.66	.003		226.63		.15
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	213	418		12,927.43		30.93	.281		60.69		8.70
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	URES N	MONTH-OF-PAYMENT R	EPOR'	T FOR JAN	2003 THRU	DEC	2003	P	AGE 18,296
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DI	ISREGARD - TOTAL						~-	
							M	ONT	HLY AVERA	GE ·	

1,486 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	277	4,673	\$ 38,521.58	\$ 8.24	3.145	\$ 139.07	\$ 25.92
DURABLE MED. EQUIP.	12	19	902.75	47.51	.013	75.23	.61
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	15	18	4,700.95	261.16	.012	313.40	3.16
MEDICAL TRANSPORTATION	34	3,122	14,331.03	4.59	2.101	421.50	9.64
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	28	3,064	14,052.39	4.59	2.062	501.87	9.46
OTHER SERVICES	8	58	278.64	4.80	.039	34.83	.19
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	34	114	9,348.93	82.01	.077	274.97	6.29
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	34	79	939.87	11.90	.053	27.64	.63
PHYSICAL THERAPIST	1	1	2.35	2.35	.001	2.35	.00
PORTABLE X-RAY	1	1	.50	.50	.001	.50	.00
PROSTHETIST/ORTHOTISTS	7	13	286.07	22.01	.009	40.87	.19
PROSTHETICS	7	13	286.07	22.01	.009	40.87	.19
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	4	56.41	14.10	.003	18.80	.04
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	174	1,302	7,952.72	6.11	.876	45.71	5.35
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	533	2,215	\$ 76,731.66	\$ 34.64	1.491	\$ 143.96	\$ 51.64

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,297 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

T19 ELIGIBLES	IODA COUNTI	DOMMARCI OF BERN	VICED FOR IN HOME	DOFF	OKI AGED	AID CODE	10	 aп	
### STOTAL, ALL PROVIDERS   677   35,964   \$ 148,240.99   \$ 9,66   \$ 0.019   \$ 514.39   \$ 484.34   #### SPHYSICIANS SERVICES   168   3.633   \$ 6162.20   \$ 9.73   \$ .800   \$ 36.60   \$ 5.857   ### COUPTATEMY VISITS   1   1   1   68.90   68.90   .001   68.90   .010   ### COUPTATEMY VISITS   1   1   1   68.90   68.90   .001   68.90   .010   ### COUPTATEMY VISITS   1   1   1   68.90   68.90   .001   68.90   .010   ### COUPTATEMY ROOM   0   0   0   0   0   0   0   0   0	710 FITCIDIES	HCEDC	INITEC OF CEDITOR		EADEMDIATIOEG	MITERACE COCT			
### BOTAL, ALL PROVIDERS   677   25,964   \$ 348,240.99   \$ 9.68   \$ 50.019   \$ 514.39   \$ 484.34   #### EPHYSICIANS SERVICES   168   6833   \$ 6,622.20   \$ 9.73   \$ 880   \$ 36.68   \$ 8.875   **OUTHATTENT VISITS   1	/13 FFIGIRES	USERS			EXPENDITURES				
### SPHYSICIANS SERVICES 168 633 \$ 6,162,20 \$ 9,73 .880 \$ 36.68 \$ 8.57 OUTPATIENT VISITS 1 1 1 68.90 68.90 .001 68.90 .10 OFFICE VISITS 1 1 1 68.90 68.90 .001 68.90 .10 OFFICE VISITS 1 1 1 68.90 68.90 .001 68.90 .10 OFFICE VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ATOTAL ALL DROWINERS	677		ė	249 240 00				
OUTPATIENT VISITS	•								
OFFICE VISITS 1 1 1 68.90 68.90 .001 66.90 .00 .00 .00 .00 .00 .00 .00 .00 .00				Ą				Ą	
MOME VISITS									
REMERCENCY ROOM		1							
PREVENTIVE CARE		0							
OB VISITS/COMPRE PERI 0 0 0 0 0.00 .000 .000 .000 .000 .000		0	0						
OTHER OUTPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 0		0	0						
INPATIENT VISITS		0	0						
HOSPITAL VISITS		0	0						
CRITICAL CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	•						
SNF/IGF/TRANS IP CARE 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0		0	0						
OPTHIAIMOLOGICAL SERVICES		0	0						
EXAMINATIONS         0         0         .0		0	0						
SERVICES AND MATERIALS		0	0						
INPATIENT HOSPITAL SURGENY   0	- ·-	0	0						
PRINCIPAL SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0						
ASSISTANT SURGEON ANESTHESIOLOGIST O OUTPATIENT SURGERY O O OUTPATIENT SURGERY O O OUTPATIENT SURGERY O O O OUTPATIENT SURGERY O O O O O O O O O O O O O O O O O O O		0	0						
ANESTHESIOLOGIST 0 0 0 0 00 00 000 000 000 000 000 000		0	0						
OUTPATIENT SURGERY 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		0	0						
PRINCIPAL SURGEON 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		0	0						
ASSISTANT SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0						
ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 DIALYSIS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		0	0						
DIALYSIS         0         0         .00 <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		0	0						
PATHOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0						
RADIOLOGY 3 3 3 43.12 14.37 .004 14.37 .06 PSYCHIATRY 0 0 0 0 .00 .00 .00 .000 .000 .000 .0		0	0						
PSYCHIATRY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		3	3						
IMMUNIZATION AND INJECTION   0   0   0   0   0   0   0   0   0		0							
OTHER SERVICES/ALL X-OVERS 166 629 6,050.18 9.62 .875 36.45 8.41  @PHARMACY 540 25,727 \$ 196,811.46 \$ 7.65 35.782 \$ 364.47 \$ 273.73  PRESCRIPTION DRUGS 530 2,680 186,864.58 69.73 3.727 352.57 259.90  SNF/ICF 16 157 6,532.46 41.61 2.18 408.28 9.09  OUTPATIENTS 516 2,523 180,332.12 71.48 3.509 349.48 250.81  MEDICAL SUPPLIES 103 23,047 9,946.88 43 32.054 96.57 13.83  @DENTIST 17 58 \$ 5,138.00 \$ 88.59 .081 \$ 302.24 \$ 7.15  VISITS - DIAGNOSTIC 12 34 579.00 17.03 .047 48.25 .81  ORAL SURGERY 1 1 1 45.00 45.00 .001 45.00 .06  DRUGS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		0							
@PHARMACY         540         25,727         \$ 196,811.46         \$ 7.65         35.782         \$ 364.47         \$ 273.73           PRESCRIPTION DRUGS         530         2,680         186,864.58         69.73         3.727         352.57         259.90           SNF/ICF         16         157         6,532.46         41.61         2.18         408.28         9.09           OUTPATIENTS         516         2,523         180,332.12         71.48         3.509         349.48         250.81           MEDICAL SUPPLIES         103         23,047         9,946.88         .43         32.054         96.57         13.83           @DENTIST         17         58         \$ 5,138.00         \$ 88.59         .081         \$ 302.24         \$ 7.15           VISITS - DIAGNOSTIC         12         34         579.00         17.03         .047         48.25         .81           ORAL SURGERY         1         1         45.00         45.00         .001         45.00         .001         .00           DRUGS         0         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00 <td< td=""><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		-							
PRESCRIPTION DRUGS         530         2,680         186,864.58         69.73         3.727         352.57         259.90           SNF/ICF         16         157         6,532.46         41.61         .218         408.28         9.09           OUTPATIENTS         516         2,523         180,332.12         71.48         3.509         349.48         250.81           MEDICAL SUPPLIES         103         23,047         9,946.88         .43         32.054         96.57         13.83           @DENTIST         17         58         \$ 5,138.00         \$88.59         .081         \$ 302.24         \$ 7.15           VISITS - DIAGNOSTIC         12         34         579.00         17.03         .047         48.25         .81           ORAL SURGERY         1         1         45.00         45.00         .001         48.25         .81           DRUGS         0         0         0         .00         .00         .00         .00         .00           AMESTHESIA         0         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00				Ċ				¢	
SNF/ICF         16         157         6,532.46         41.61         .218         408.28         9.09           OUTPATIENTS         516         2,523         180,332.12         71.48         3.509         349.48         250.81           MEDICAL SUPPLIES         103         23,047         9,946.88         .43         32.054         96.57         13.83           @DENTIST         17         58         \$ 5,138.00         \$ 88.59         .081         \$ 302.24         \$ 7.15           VISITS - DIAGNOSTIC         12         34         579.00         17.03         .047         48.25         .81           ORAL SURGERY         1         1         45.00         45.00         .001         45.00         .00         .00           DRUGS         0         0         .00 <td< td=""><td></td><td></td><td>•</td><td>Y</td><td></td><td></td><td></td><td>Y</td><td></td></td<>			•	Y				Y	
OUTPATIENTS         516         2,523         180,332.12         71.48         3.509         349.48         250.81           MEDICAL SUPPLIES         103         23,047         9,946.88         .43         32.054         96.57         13.83           @DENTIST         17         58         \$ 5,138.00         \$ 88.59         .081         \$ 302.24         \$ 7.15           VISITS - DIAGNOSTIC         12         34         579.00         17.03         .047         48.25         .81           ORAL SURGERY         1         1         45.00         45.00         .001         45.00         .06           DRUGS         0         0         .00         .00         .00         .00         .00         .00           ANESTHESIA         0         0         .00			•						
MEDICAL SUPPLIES         103         23,047         9,946.88         .43         32.054         96.57         13.83           @DENTIST         17         58         \$         5,138.00         \$         88.59         .081         \$         302.24         \$         7.15           VISITS - DIAGNOSTIC         12         34         579.00         17.03         .047         48.25         .81           ORAL SURGERY         1         1         45.00         45.00         .001         45.00         .06           DRUGS         0         0         .00         .00         .00         .00         .00         .00           ANESTHESIA         0         0         .00									
@DENTIST         17         58         \$         5,138.00         \$         88.59         .081         \$         302.24         \$         7.15           VISITS - DIAGNOSTIC         12         34         579.00         17.03         .047         48.25         .81           ORAL SURGERY         1         1         45.00         45.00         .001         45.00         .06           DRUGS         0         0         .00									
VISITS - DIAGNOSTIC         12         34         579.00         17.03         .047         48.25         .81           ORAL SURGERY         1         1         45.00         45.00         .001         45.00         .06           DRUGS         0         0         .00         .00         .00         .00         .00         .00           ANESTHESIA         0         0         .00 <td< td=""><td></td><td></td><td>•</td><td>Ś</td><td></td><td></td><td></td><td>Ś</td><td></td></td<>			•	Ś				Ś	
ORAL SURGERY         1         1         45.00         45.00         .001         45.00         .06           DRUGS         0         0         .00         .00         .00         .00         .00         .00           ANESTHESIA         0         0         .00 <t< td=""><td></td><td></td><td></td><td>Y</td><td></td><td></td><td></td><td>Y</td><td></td></t<>				Y				Y	
DRUGS         0         0         .00         .16         .00									
ANESTHESIA 0 0 0 .00 .00 .000 .000 .00 .00 .00 .0									
PERIODONTICS         1         1         18.00         .001         118.00         .16           ENDODONTICS         0         0         .00         .00         .00         .00         .00           RESTORATIVE DENTISTRY         4         7         436.00         62.29         .010         109.00         .61           PROSTHETICS         0         0         .00         .00         .00         .00         .00           DENTURES, STAYPLATES         7         15         3,960.00         264.00         .021         565.71         5.51		0	-						
ENDODONTICS         0         0         .00		1							
RESTORATIVE DENTISTRY       4       7       436.00       62.29       .010       109.00       .61         PROSTHETICS       0       0       .00       .00       .00       .00       .00       .00         DENTURES, STAYPLATES       7       15       3,960.00       264.00       .021       565.71       5.51		0							
PROSTHETICS         0         0         .00         .00         .00         .00         .00           DENTURES, STAYPLATES         7         15         3,960.00         264.00         .021         565.71         5.51		4	7						
DENTURES, STAYPLATES 7 15 3,960.00 264.00 .021 565.71 5.51		0	, O						
· · · · · · · · · · · · · · · · · · ·		7							
	•	0							

0 0 .00 MAXILLOFACIAL SERVICES .00 .000 .00 0 .000 FRACTURES, DISLOCATIONS 0 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .00 .000 .00 0 .00 ALL OTHER SERVICES 0 .00 .00 .000

.00

.00

.00

.00

01/29/04

PAGE 18,298

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

MOP024 FEE-FOR-SERVICE/DENTAL

	FEE-FOR-SERVICE/DENTAL			7,000		1-D GODE	1.0				01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FO	R IN HOME	: SU.	PPORT - AGED		AID CODE				~-	
F10							MO				
719 ELIGIBLES		OF SERVICE		EXPENDITURES			UNITS/DAY:				COST PER
		YS OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	16	42	\$	692.71	\$		.058	\$	43.29	\$	.96
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	13	37		658.63		17.80	.051		50.66		.92
OTHER OPTOMETRIC SERVICES	3 0	5		34.08		6.82	.007		11.36		.05
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	15	18	\$	115.37	\$	6.41	.025	Ś	7.69	\$	.16
MEDICINE/INJECTIONS	0	0	•	.00	•	.00	.000	•	.00	•	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	15	18		115.37		6.41	.025		7.69		.16
@HOME HEALTH AGENCY	0	0	\$	.00	Ś	.00	.000	Ś	.00	Ś	.00
NURSE ANESTHESIST	0	Ö	\$	.00	Š	.00	.000		.00		.00
NURSE MIDWIFE	0	0	Ġ		\$	.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0	0 0	\$ \$		\$	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0	0	<u>ب</u>		\$	.00	.000		.00		.00
@TOTAL HOSPITAL	45	202	بى ب	23,163.00	بې خ	114.67	.281	ب د	514.73		32.22
	45	202 73	Ş		Þ	279.67	.102	Ş	785.24	Þ	
HOSP INPATIENT TOTAL	20	73		20,416.15							28.40
HSC HOSPITALS	26 0 0	-		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	26	73		20,416.15		279.67	.102		785.24		28.40
ALL OTHER INPATIENT	0 21	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	21	129		2,746.85		21.29	.179		130.80		3.82
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	21	129		2,746.85		21.29	.179		130.80		3.82
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	Ö		.00		.00	.000		.00		.00
MEDICAL	0	Ö		.00		.00	.000		.00		.00
SURGERY	0	Ö		.00		.00	.000		.00		.00
PATHOLOGY	0	Ö		.00		.00	.000		.00		.00
·	ŭ	•		.00							

0 RADIOLOGY 0 .00 .00 .000 .00 .00 .00 ROOM USE 0 0 .00 .00 .000 .00 CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .000 .00 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV PAGE 18,299

MOP024	FEE-FOR-SERVICE/DI		IVII CHIM	ONIII-OF-PAIMENT F	CEPORT	FOR UAN A	2003 11110	טייכ	2003	F	01/29/04
YUBA COUNTY	SUMMARY OF SERVICE/DI		בינום.	DODE ACED		AID CODE	1.0				01/29/04
IUBA COUNTI	SUMMARY OF SERVICE	ES FOR IN HOM	E SUP.	PORI - AGED		AID CODE		יחדת	א מיינוע איינו	C E	
710 BLIGIDIEG	HOEDO III	NITHO OF CERTIC		EXPENDIBLEC	7 7 7 777		M				
719 ELIGIBLES		NITS OF SERVIC		EXPENDITURES			UNITS/DAY				COST PER
againgnithii wagathii mamii	45 26	OR DAYS OF CAR		02 162 00		- ,	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	45	202	\$	23,163.00		114.67	.281	Ş	514.73	Ş	
COMM HOSP INPATIENT TOTAL	26	73		20,416.15		279.67	.102		785.24		28.40
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U	0		.00		.00					.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	26	73		20,416.15		279.67	.102		785.24		28.40
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0 26 0 21	129		20,416.15 .00 .00 .00 .00 .00 20,416.15 .00 2,746.85		21.29	.179		130.80		3.82
MEDICAL	U	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	21	129		2,746.85		21.29	.179		130.80		3.82
@STATE HOSDITAL	Λ	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	·	.00	·	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0 0 24	205	\$	43,806.46	\$	213.69	.285	\$	1825.27	\$	60.93
LEV A-INTERMEDIATE	0	0		.00	•	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0 0 0 0 24 0	205		43,806.46		213.69	. 285		1825.27		60.93
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	\$	.00	.000			Ś	
ICF DDH	0	0	т	.00	т.	.00	.000	4	.00	т.	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	7	13	\$	4,712.91	\$	362.53	.018	Ġ	673.27	Ś	6.55
HOSPITAL BASED	0	0	т	.00	т.	.00	.000	4	.00	т.	.00
HEMODIALYSIS CENTER	7	13		4,712.91		362.53	.018		673.27		6.55
@REHARILITATION FACILITY	0	0	Ś	.00	\$	.00	.000	Ś	.00	Ś	.00
LEV B-REGULAR  @INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN  @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER  @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY	0	0	τ	.00	Υ	.00	.000	Τ.	.00	Ψ.	.00
INDEPENDENT FACILITY	0	Ö		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	4	Ś	27.38	\$	6.85	.006	Ś	9.13	Ś	.04
PATHOLOGY	0	0	٧	.00	Υ	.00	.000	٧	.00	٧	.00
XO AND OTHERS	2	4		27.38		6.85	.006		9.13		.04
@ORGANIZED OUTPATIENT CLINIC	92	155	Ċ	3,999.36	\$	25.80	.216	Ġ	43.47	¢	5.56
CLINIC CLINIC	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
SURGICENTER	3	4		532.17		133.04	.006		177.39		.74
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	89	151		3,467.19		22.96	.210		38.96		4.82
#CALIF DEPT OF HEALTH SERV			DEC M		ידס∩סיד			חדכ		ח	
MOP024	FEE-FOR-SERVICE/DI		KEO M	ONIII-OF-PAIMENI F	CEPORI	LOK OAN	ZUUS IRKU	שני	2003		01/29/04
YUBA COUNTY	SUMMARY OF SERVICE		ב פווס	מבים		AID CODE	1.8				01/25/04
TODA COUNTI	DOMINANT OF BENVIOL	TO LOK TIM HOM	L DUP.	TOKI AGED		TITO CODE		IONT.	HIY AVERA	GE	

719 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	338	8,907	\$ 63,612.14	\$ 7.14	12.388	\$ 188.20	\$ 88.47
DURABLE MED. EQUIP.	15	43	6,280.46	146.06	.060	418.70	8.73
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	1,249.50	1249.50	.001	1249.50	1.74
MEDICAL TRANSPORTATION	27	2,366	8,110.59	3.43	3.291	300.39	11.28
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	16	2,162	7,353.44	3.40	3.007	459.59	10.23
OTHER SERVICES	12	204	757.15	3.71	.284	63.10	1.05
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	93	553	33,464.46	60.51	.769	359.83	46.54
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	23	53	754.33	14.23	.074	32.80	1.05
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3	4.20	1.40	.004	4.20	.01
PROSTHETICS	1	3	4.20	1.40	.004	4.20	.01
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	8.76	2.92	.004	8.76	.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	236	5,885	13,739.84	2.33	8.185	58.22	19.11
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	365	1,693	\$ 69,268.04	\$ 40.91	2.355	\$ 189.78	\$ 96.34

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,301 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

TODA COUNTI	DOMINANCE OF DERCY	TCES FOR IN HOME	DOLLOIG	DHIND		AID CODE	20				
							MC	TINC	ILY AVERA	GΕ	
37 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	3 (	COST PER	,	COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	31	1,751	\$	28,302.60	\$	16.16	47.324	\$	912.99	\$	764.94
@PHYSICIANS SERVICES	7	14	\$	120.63	\$	8.62	.378	\$	17.23	\$	3.26
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	7	14		120.63		8.62	.378		17.23		3.26
@PHARMACY	22	142	\$	13,044.47	\$	91.86	3.838	\$	592.93	\$	352.55
PRESCRIPTION DRUGS	22	140		13,009.69		92.93	3.784		591.35		351.61
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	22	140		13,009.69		92.93	3.784		591.35		351.61
MEDICAL SUPPLIES	1	2		34.78		17.39	.054		34.78		.94
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	_	_					
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	S MONTH-OF-PAYMENT	REPORT FOR JAN	2003 THRU DEC	2003	PAGE 18,302
MOP024	FEE-FOR-SERVICE	DENTAL					01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME S	SUPPORT - BLIND	AID CODE	E 28		
					MONT	HLY AVERA	GE
37 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	T UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	\$ .00	\$ .00	.000 \$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 8	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 5	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 5	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	4	21	1,736.05	\$ 82.67	.568 \$	434.01	\$ 46.92
HOSP INPATIENT TOTAL	2	11	1,652.00	150.18	.297	826.00	44.65
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	4	21	\$ 1,736.05	\$ 82.67	.568	\$ 434.01	\$ 46.92
HOSP INPATIENT TOTAL	2	11	1,652.00	150.18	.297	826.00	44.65
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	11	1,652.00	150.18	.297	826.00	44.65
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	10	84.05	8.41	.270	42.03	2.27
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	10	84.05	8.41	.270	42.03	2.27
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000			.00
	0	0					.00		
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	U	U		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	U	U		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT		0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MON	TH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DE	C 2003	Ρź	AGE 18,303
MOP024	FEE-FOR-SERVICE	/DENTAL							01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUPPO:	RT - BLIND	AID CODE	28			
						MON'	THLY AVERA	GE ·	
37 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	21	\$	1,736.05	\$ 82.67	.568 \$	434.01	\$	46.92
COMM HOSP INPATIENT TOTAL	2	11		1,652.00	150.18	.297	826.00		44.65
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	2	11		1,652.00	150.18	.297	826.00		44.65
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	2	10		84.05	8.41	.270	42.03		2.27
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0			.00	.000			
ROOM USE	0	· ·		.00			.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	10	d	84.05	8.41	.270	42.03	4	2.27
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$		Ş	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	d	.00	.00	.000	.00	4	.00
@NURSING FACILITY	0	0	\$	.00	•	.000 \$		Ş	.00
LEV A-INTERMEDIATE	U	U		.00	.00	.000	.00		.00
LEV B-REHAB MD	U	U		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$		\$ .00	.000 \$		\$	.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	3	8	\$	2,926.62	\$ 365.83	.216 \$	975.54	\$	79.10
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	3	8		2,926.62	365.83	.216	975.54		79.10
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000 \$		\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
ALVBODY EVCTITES	0	Λ	Ċi	0.0	ė 00	000 6	0.0	4	0.0

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

0

0

0

0

0

0

.00

.00

.00

.00

.00

.00

.000

.000

.000 \$

.00 \$

.00

.00

.00

.00

.00

CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	04
HEROIN DETOX CLINIC       0       0       .00	04
RURAL HEALTH CLINIC 4 4 84.32 21.08 .108 21.08 2.28  #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,3  MOP024 FEE-FOR-SERVICE/DENTAL  YUBA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28  MONTHLY AVERAGE	04
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,3 MOP024 FEE-FOR-SERVICE/DENTAL YUBA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28 MONTHLY AVERAGE	04
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/ YUBA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28 MONTHLY AVERAGE	
YUBA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28 MONTHLY AVERAGE	
MONTHLY AVERAGE	0 1
27 ELICIPLES ISSEDS INTES OF SERVICE EXPENDICIPES AVERAGE COSE INTES / DAVIS COSE DED COSE DED	
37 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER	
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE	
@ALL OTHER PROVIDERS 25 1,562 \$ 10,390.51 \$ 6.65 42.216 \$ 415.62 \$ 280.82	
DURABLE MED. EQUIP.         1         1         79.50         79.50         .027         79.50         2.15           BLOOD BANK         0         0         .00         .00         .00         .00         .00           HEARING AID DISPENSERS         0         0         .00         .00         .00         .00         .00         .00           MEDICAL TRANSPORTATION         14         1,490         6,805.38         4.57         40.270         486.10         183.93           AMBULANCES/AIR TRANS         0         0         .00         .00         .00         .00         .00	
BLOOD BANK 0 0 0 .00 .00 .00 .00 .00	
HEARING AID DISPENSERS 0 0 .00 .00 .00 .00 .00	
MEDICAL TRANSPORTATION 14 1,490 6,805.38 4.57 40.270 486.10 183.93	
AMBULANCES/AIR TRANS 0 0 .00 .00 .00 .00 .00	
OTHER TRANS 12 1,435 6,803.20 4.74 38.784 566.93 183.87	
OTHER TRANS OTHER SERVICES 2 55 2.18 0.04 1.486 1.09 0.06 ACUPUNCTURE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
ACUPUNCTURE 0 0 0 .00 .00 .00 .00 .00 .00	
ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00 .00 .00	
GENETIC DISEASE TESTING 0 0 .00 .00 .00 .00 .00 .00	
IHMC, MODEL-NF, NF, AIDS, MSSP 7 35 3,161.21 90.32 .946 451.60 85.44	
OCCUPATIONAL THERAPIST 0 0 0 .00 .00 .00 .00 .00 .00	
OPTICIAN 1 5 83.05 16.61 .135 83.05 2.24	
PHYSICAL THERAPIST 0 0 0 .00 .00 .00 .00 .00 .00	
PORTABLE X-RAY 0 0 0 .00 .00 .00 .00 .00 .00	
OPTICIAN       1       5       83.05       16.61       .135       83.05       2.24         PHYSICAL THERAPIST       0       0       .00	
PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00	
ORTHOTICS 0 0 0 .00 .00 .00 .00 .00 .00	
SPEECH AND AUDIOLOGY         0         0         .00         .00         .00         .00         .00         .00	
HOSPICE SERVICES 0 0 .00 .00 .00 .00 .00 .00	
NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00 .00 .00 .00	
LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00 .00 .00 .00	
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00 .00 .00	
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00 .00 .00 .00	
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00 .00 .00	
ALL OTHER PROVIDERS 9 31 261.37 8.43 .838 29.04 7.06	
@CALIF. CHILDREN SERVICES* 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00	
@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;	
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.	
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.	۰.
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,3	
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/	04
YUBA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68	
MONTHLY AVERAGE	
271 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER	
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE	
@TOTAL, ALL PROVIDERS 261 36,782 \$ 289,901.76 \$ 7.88 135.727 \$ 1110.73 \$ 1069.75	
@PHYSICIANS SERVICES 52 171 \$ 3,270.08 \$ 19.12 .631 \$ 62.89 \$ 12.07	
271 ELIGIBLES	
OFFICE VISITS 10 17 594.80 34.99 .063 59.48 2.19	

0

0

0

0

0

1

HOME VISITS

EMERGENCY ROOM

PREVENTIVE CARE

OTHER OUTPATIENT

INPATIENT VISITS

OB VISITS/COMPRE PERI

0

0

0

0

0

1

.00

.00

.00

.00

.00

13.70

.00

.00

.00

.00

.00

13.70

.000

.000

.000

.000

.000

.004

.00

.00

.00

.00

.00

.05

.00

.00

.00

.00

.00

13.70

HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
	Ü	Ū					
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	13.70	13.70	.004	13.70	.05
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	14	761.49	54.39	.052	380.75	2.81
PRINCIPAL SURGEON	1	1	327.12	327.12	.004	327.12	1.21
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	13	434.37	33.41	.048	434.37	1.60
OUTPATIENT SURGERY	2	3	274.02	91.34	.011	137.01	1.01
PRINCIPAL SURGEON	2	3	274.02	91.34	.011	137.01	1.01
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	1	1		284.00		284.00	.004		284.00		1.05
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
	0	0									
IMMUNIZATION AND INJECTION				.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	46	135		1,342.07		9.94	.498		29.18		4.95
@PHARMACY	208	11,398	\$	234,296.62	\$	20.56	42.059	Ś	1126.43	Ś	864.56
PRESCRIPTION DRUGS	205	1,334	т	226,558.51	т	169.83	4.923	т.	1105.16	т.	836.01
SNF/ICF	2	7		447.99		64.00	.026		224.00		1.65
OUTPATIENTS	203	1,327		226,110.52		170.39	4.897		1113.84		834.36
MEDICAL SUPPLIES	50	10,064		7,738.11		.77	37.137		154.76		28.55
	14	38	بع		بع			۲,		۲.	14.95
@DENTIST			\$	4,051.60	Ş	106.62	.140	Þ	289.40	Þ	
VISITS - DIAGNOSTIC	5	11		235.00		21.36	.041		47.00		.87
ORAL SURGERY	1	1		85.00		85.00	.004		85.00		.31
DRUGS	0	0		.00		.00	.000		.00		.00
	0	0									
ANESTHESIA	Ü			.00		.00	.000		.00		.00
PERIODONTICS	2	2		400.00		200.00	.007		200.00		1.48
ENDODONTICS	2	2		660.00		330.00	.007		330.00		2.44
RESTORATIVE DENTISTRY	7	19		1,900.00		100.00	.070		271.43		7.01
	0			· ·							
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	3		325.00		108.33	.011		162.50		1.20
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
	0	0		446.60		.00			.00		
MAXILLOFACIAL SERVICES	· ·						.000				1.65
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
								חחמ		ъ	
#CALIF DEPT OF HEALTH SERV			CES M	ONTH-OF-PAYMENT R	EPOR.	I FOR JAN	2003 THRU	DEC	2003	Ρ.	AGE 18,306
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUP	PORT - DISABLED		AID CODE	68				
							M	ONT.	HIV VIERA	GE	
071 BLTGTDIEG	HARDA	INITES OF SERVICE	,		70 7 7 7 7						
271 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			' UNITS/DAY				COST PER
		OR DAYS OF CARE	1		ו דום	YAN'TTMII S	PER ELIC	1	USER		ELIGIBLE
		OK DAID OF CAKE	,					7	ODER		
@OPTOMETRIST	12			753.96							-
@OPTOMETRIST		26	\$	753.96	\$	29.00	.096		62.83		2.78
DIAGNOSTIC AND ANC. PROCED	12 2	26 2		94.90		29.00 47.45	.096		62.83 47.45		2.78
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES		26 2 14		94.90 244.24		29.00 47.45 17.45	.096 .007 .052		62.83 47.45 48.85		2.78 .35 .90
DIAGNOSTIC AND ANC. PROCED	2 5 6	26 2		94.90		29.00 47.45	.096		62.83 47.45		2.78
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES		26 2 14 10	\$	94.90 244.24 414.82	\$	29.00 47.45 17.45 41.48	.096 .007 .052 .037	\$	62.83 47.45 48.85 69.14	\$	2.78 .35 .90 1.53
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	2 5 6 0	26 2 14 10 0		94.90 244.24 414.82 .00		29.00 47.45 17.45 41.48	.096 .007 .052 .037	\$	62.83 47.45 48.85 69.14 .00	\$	2.78 .35 .90 1.53 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	2 5 6	26 2 14 10 0	\$	94.90 244.24 414.82 .00	\$	29.00 47.45 17.45 41.48 .00	.096 .007 .052 .037 .000	\$	62.83 47.45 48.85 69.14 .00	\$	2.78 .35 .90 1.53 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	2 5 6 0	26 2 14 10 0 0	\$	94.90 244.24 414.82 .00 .00	\$	29.00 47.45 17.45 41.48 .00 .00	.096 .007 .052 .037 .000 .000	\$	62.83 47.45 48.85 69.14 .00 .00	\$	2.78 .35 .90 1.53 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	2 5 6 0	26 2 14 10 0	\$	94.90 244.24 414.82 .00	\$	29.00 47.45 17.45 41.48 .00	.096 .007 .052 .037 .000	\$	62.83 47.45 48.85 69.14 .00	\$	2.78 .35 .90 1.53 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	2 5 6 0	26 2 14 10 0 0 0	\$	94.90 244.24 414.82 .00 .00 .00 50.33	\$	29.00 47.45 17.45 41.48 .00 .00 .00	.096 .007 .052 .037 .000 .000	\$	62.83 47.45 48.85 69.14 .00 .00 .00	\$	2.78 .35 .90 1.53 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	2 5 6 0	26 2 14 10 0 0 0 2	\$	94.90 244.24 414.82 .00 .00 .00 50.33	\$	29.00 47.45 17.45 41.48 .00 .00 .00 25.17	.096 .007 .052 .037 .000 .000 .000	\$	62.83 47.45 48.85 69.14 .00 .00 .00 .25.17	\$	2.78 .35 .90 1.53 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	2 5 6 0	26 2 14 10 0 0 0 2 0	\$	94.90 244.24 414.82 .00 .00 .00 50.33 .00	\$	29.00 47.45 17.45 41.48 .00 .00 .00 .25.17 .00	.096 .007 .052 .037 .000 .000 .000	\$	62.83 47.45 48.85 69.14 .00 .00 .00 .25.17 .00	\$	2.78 .35 .90 1.53 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	2 5 6 0	26 2 14 10 0 0 0 2 0 0	\$	94.90 244.24 414.82 .00 .00 .00 50.33 .00	\$	29.00 47.45 17.45 41.48 .00 .00 .00 25.17 .00 .00	.096 .007 .052 .037 .000 .000 .000 .007 .000	\$	62.83 47.45 48.85 69.14 .00 .00 .00 25.17 .00 .00	\$	2.78 .35 .90 1.53 .00 .00 .00 .19 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	2 5 6 0	26 2 14 10 0 0 0 2 0 0 0	\$	94.90 244.24 414.82 .00 .00 .00 50.33 .00	\$	29.00 47.45 17.45 41.48 .00 .00 .00 .25.17 .00	.096 .007 .052 .037 .000 .000 .000	\$	62.83 47.45 48.85 69.14 .00 .00 .00 .25.17 .00	\$	2.78 .35 .90 1.53 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	2 5 6 0	26 2 14 10 0 0 0 2 0 0 0	\$ \$	94.90 244.24 414.82 .00 .00 .00 50.33 .00 .00	\$ \$	29.00 47.45 17.45 41.48 .00 .00 .00 25.17 .00 .00 .00	.096 .007 .052 .037 .000 .000 .000 .007	\$7 \$7	62.83 47.45 48.85 69.14 .00 .00 .00 25.17 .00 .00 .00	\$ \$	2.78 .35 .90 1.53 .00 .00 .00 .19 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	2 5 6 0	26 2 14 10 0 0 0 2 0 0 0 2 12	\$ \$ \$	94.90 244.24 414.82 .00 .00 .00 50.33 .00 .00 .00 50.33 363.72	\$ \$	29.00 47.45 17.45 41.48 .00 .00 .00 25.17 .00 .00 25.17 30.31	.096 .007 .052 .037 .000 .000 .000 .007 .000 .000	\$\$ \$\$ \$\$	62.83 47.45 48.85 69.14 .00 .00 .00 25.17 .00 .00 .00 25.17 90.93	ψ φ φ	2.78 .35 .90 1.53 .00 .00 .00 .19 .00 .00 .19
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	2 5 6 0 0 0 2 0 0 0 2 4 1	26 2 14 10 0 0 0 2 0 0 0 2 12 6	\$ \$ \$	94.90 244.24 414.82 .00 .00 .00 50.33 .00 .00 .00 50.33 363.72 20.93	\$ \$ \$	29.00 47.45 17.45 41.48 .00 .00 .00 25.17 .00 .00 25.17 30.31 3.49	.096 .007 .052 .037 .000 .000 .007 .000 .000 .007	\$\$ \$\$ \$\$ \$\$	62.83 47.45 48.85 69.14 .00 .00 .00 25.17 .00 .00 25.17 90.93 20.93	\$\tau\$ \$\tau\$ \$\tau\$ \$\tau\$	2.78 .35 .90 1.53 .00 .00 .00 .19 .00 .00 .19 1.34 .08
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	2 5 6 0	26 2 14 10 0 0 0 2 0 0 0 2 12 6 0	\$ \$ \$	94.90 244.24 414.82 .00 .00 .00 50.33 .00 .00 .00 50.33 363.72	\$ \$	29.00 47.45 17.45 41.48 .00 .00 .00 25.17 .00 .00 25.17 30.31	.096 .007 .052 .037 .000 .000 .000 .007 .000 .000	\$\$ \$\$ \$\$ \$\$	62.83 47.45 48.85 69.14 .00 .00 .00 25.17 .00 .00 .00 25.17 90.93	ψ φ φ	2.78 .35 .90 1.53 .00 .00 .00 .19 .00 .00 .19
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	2 5 6 0 0 0 2 0 0 0 2 4 1	26 2 14 10 0 0 0 2 0 0 0 2 12 6	\$ \$ \$	94.90 244.24 414.82 .00 .00 .00 50.33 .00 .00 .00 50.33 363.72 20.93	\$ \$ \$	29.00 47.45 17.45 41.48 .00 .00 .00 25.17 .00 .00 25.17 30.31 3.49	.096 .007 .052 .037 .000 .000 .007 .000 .000 .007	ማ ማ ማ ማ ማ	62.83 47.45 48.85 69.14 .00 .00 .00 25.17 .00 .00 25.17 90.93 20.93	\$\tau\$ \$\tau\$ \$\tau\$ \$\tau\$	2.78 .35 .90 1.53 .00 .00 .00 .19 .00 .00 .19 1.34 .08
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	2 5 6 0 0 0 2 0 0 0 2 4 1 0	26 2 14 10 0 0 0 2 0 0 0 2 12 6 0 0	\$ \$ \$	94.90 244.24 414.82 .00 .00 .00 50.33 .00 .00 50.33 363.72 20.93 .00 .00	\$ \$ \$	29.00 47.45 17.45 41.48 .00 .00 .00 25.17 .00 .00 25.17 30.31 3.49 .00 .00	.096 .007 .052 .037 .000 .000 .007 .000 .000 .007 .044 .022 .000	\$\tau\$ \$\tau\$ \$\tau\$ \$\tau\$ \$\tau\$ \$\tau\$	62.83 47.45 48.85 69.14 .00 .00 .00 25.17 .00 .00 .25.17 90.93 20.93 .00	ማ ማ ማ ማ ማ ማ	2.78 .35 .90 1.53 .00 .00 .00 .19 .00 .00 .19 1.34 .08 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	2 5 6 0 0 2 0 0 0 2 4 1 0 0	26 2 14 10 0 0 0 2 0 0 0 2 12 6 0 0	Ф Ф Ф ФФФФФ	94.90 244.24 414.82 .00 .00 .00 50.33 .00 .00 .00 50.33 363.72 20.93 .00 .00	\$ \$ \$	29.00 47.45 17.45 41.48 .00 .00 .00 25.17 .00 .00 .00 25.17 30.31 3.49 .00 .00	.096 .007 .052 .037 .000 .000 .007 .000 .000 .007 .044 .022 .000	ው ው ው ው ው ው ው	62.83 47.45 48.85 69.14 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ	2.78 .35 .90 1.53 .00 .00 .00 .19 .00 .00 .19 1.34 .08 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	2 5 6 0 0 0 2 0 0 0 2 4 1 0 0 0	26 2 14 10 0 0 0 2 0 0 0 2 12 6 0 0 0	\$ \$ \$	94.90 244.24 414.82 .00 .00 .00 50.33 .00 .00 .00 .00 50.33 363.72 20.93 .00 .00 .00	\$ \$ \$	29.00 47.45 17.45 41.48 .00 .00 .00 25.17 .00 .00 25.17 30.31 3.49 .00 .00 .00	.096 .007 .052 .037 .000 .000 .007 .000 .000 .007 .044 .022 .000 .000	ው ው ው ው ው ው	62.83 47.45 48.85 69.14 .00 .00 .00 .25.17 .00 .00 .25.17 90.93 .00 .00 .00	ማ ማ ማ ማ ማ ማ	2.78 .35 .90 1.53 .00 .00 .00 .19 .00 .00 .19 1.34 .08 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	2 5 6 0 0 2 0 0 0 2 4 1 0 0	26 2 14 10 0 0 0 2 0 0 0 2 12 6 0 0	Ф Ф Ф ФФФФФ	94.90 244.24 414.82 .00 .00 .00 50.33 .00 .00 .00 .00 50.33 363.72 20.93 .00 .00 .00	\$ \$ \$	29.00 47.45 17.45 41.48 .00 .00 .00 25.17 .00 .00 .00 25.17 30.31 3.49 .00 .00	.096 .007 .052 .037 .000 .000 .007 .000 .000 .007 .044 .022 .000	ው ው ው ው ው ው ው	62.83 47.45 48.85 69.14 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ	2.78 .35 .90 1.53 .00 .00 .00 .19 .00 .00 .19 1.34 .08 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	2 5 6 0 0 0 2 0 0 0 2 4 1 0 0 0 1 9	26 2 14 10 0 0 0 2 0 0 0 2 12 6 0 0 0 0 77	Ф Ф Ф ФФФФФ	94.90 244.24 414.82 .00 .00 .00 50.33 .00 .00 .00 .00 50.33 363.72 20.93 .00 .00 .00	\$ \$ \$	29.00 47.45 17.45 41.48 .00 .00 .00 25.17 .00 .00 25.17 30.31 3.49 .00 .00 .00 .00	.096 .007 .052 .037 .000 .000 .007 .000 .000 .007 .044 .022 .000 .000 .000	ው ው ው ው ው ው ው	62.83 47.45 48.85 69.14 .00 .00 .00 .25.17 .00 .00 .25.17 90.93 20.93 .00 .00 .00	ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ	2.78 .35 .90 1.53 .00 .00 .00 .19 .00 .00 .19 1.34 .08 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	2 5 6 0 0 0 2 0 0 0 2 4 1 0 0 0 1 9	26 2 14 10 0 0 0 2 0 0 0 2 12 6 0 0 0 77 17	Ф Ф Ф ФФФФФ	94.90 244.24 414.82 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$ \$	29.00 47.45 17.45 41.48 .00 .00 .00 25.17 .00 .00 25.17 30.31 3.49 .00 .00 .00 .00 .00	.096 .007 .052 .037 .000 .000 .000 .000 .000 .007 .044 .022 .000 .000 .000	ው ው ው ው ው ው ው	62.83 47.45 48.85 69.14 .00 .00 .00 .25.17 .00 .00 .25.17 90.93 .00 .00 .00 .00 .00	ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ	2.78 .35 .90 1.53 .00 .00 .00 .19 .00 .00 .19 1.34 .08 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER  @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	2 5 6 0 0 0 2 0 0 0 2 4 1 0 0 0 19 4 1	26 2 14 10 0 0 0 0 2 0 0 0 2 12 6 0 0 0 0 77 17	Ф Ф Ф ФФФФФ	94.90 244.24 414.82 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$ \$	29.00 47.45 17.45 41.48 .00 .00 .00 25.17 .00 .00 25.17 30.31 3.49 .00 .00 .00 25.17	.096 .007 .052 .037 .000 .000 .000 .007 .000 .007 .044 .022 .000 .000 .000	ው ው ው ው ው ው ው	62.83 47.45 48.85 69.14 .00 .00 .00 25.17 .00 .00 .25.17 90.93 .00 .00 .00 .00 .00	ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ	2.78 .35 .90 1.53 .00 .00 .00 .19 .00 .00 .19 1.34 .08 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	2 5 6 0 0 0 2 0 0 0 2 4 1 0 0 0 0 19 4 1 0	26 2 14 10 0 0 0 0 2 0 0 0 2 12 6 0 0 0 0 77 17 1 0	Ф Ф Ф ФФФФФ	94.90 244.24 414.82 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$ \$	29.00 47.45 17.45 41.48 .00 .00 .00 25.17 .00 .00 25.17 30.31 3.49 .00 .00 .00 25.17 .00 .00	.096 .007 .052 .037 .000 .000 .000 .007 .000 .007 .044 .022 .000 .000 .000 .000	ው ው ው ው ው ው ው	62.83 47.45 48.85 69.14 .00 .00 .00 25.17 .00 .00 .25.17 90.93 .00 .00 .00 .00 .00	ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ	2.78 .35 .90 1.53 .00 .00 .00 .19 .00 .00 .19 1.34 .08 .00 .00 .00 .19
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER  @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	2 5 6 0 0 0 2 0 0 0 2 4 1 0 0 0 19 4 1	26 2 14 10 0 0 0 0 2 0 0 0 2 12 6 0 0 0 0 77 17	Ф Ф Ф ФФФФФ	94.90 244.24 414.82 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$ \$	29.00 47.45 17.45 41.48 .00 .00 .00 25.17 .00 .00 25.17 30.31 3.49 .00 .00 .00 25.17	.096 .007 .052 .037 .000 .000 .000 .007 .000 .007 .044 .022 .000 .000 .000	ው ው ው ው ው ው ው	62.83 47.45 48.85 69.14 .00 .00 .00 25.17 .00 .00 .25.17 90.93 .00 .00 .00 .00 .00	ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ	2.78 .35 .90 1.53 .00 .00 .00 .19 .00 .00 .19 1.34 .08 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	2 5 6 0 0 0 2 0 0 0 2 4 1 0 0 0 0 19 4 1 0	26 2 14 10 0 0 0 0 2 0 0 0 2 12 6 0 0 0 0 77 17 1 0	Ф Ф Ф ФФФФФ	94.90 244.24 414.82 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$ \$	29.00 47.45 17.45 41.48 .00 .00 .00 25.17 .00 .00 25.17 30.31 3.49 .00 .00 .00 .00 .00	.096 .007 .052 .037 .000 .000 .000 .007 .000 .007 .044 .022 .000 .000 .000 .284 .063	ው ው ው ው ው ው ው	62.83 47.45 48.85 69.14 .00 .00 .00 25.17 .00 .00 .25.17 90.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ	2.78 .35 .90 1.53 .00 .00 .00 .19 .00 .00 .19 1.34 .08 .00 .00 .00 .19
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	2 5 6 0 0 0 2 0 0 0 2 4 1 0 0 0 0 19 4 1 0 0	26 2 14 10 0 0 0 2 0 0 0 0 2 12 6 0 0 0 0 77 17 1 1	Ф Ф Ф ФФФФФ	94.90 244.24 414.82 .00 .00 .00 50.33 .00 .00 .00 .50.33 363.72 20.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$ \$	29.00 47.45 17.45 41.48 .00 .00 .00 .00 .00 .00 .00 .0	.096 .007 .052 .037 .000 .000 .007 .000 .000 .007 .044 .022 .000 .000 .284 .063 .004 .000	ው ው ው ው ው ው ው	62.83 47.45 48.85 69.14 .00 .00 .00 .00 .25.17 .00 .00 .25.17 90.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ	2.78 .35 .90 1.53 .00 .00 .00 .00 .00 .19 1.34 .08 .00 .00 .00 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	2 5 6 0 0 0 2 0 0 0 2 4 1 0 0 0 0 19 4 1 0 0	26 2 14 10 0 0 0 2 0 0 0 2 12 6 0 0 0 0 0 77 17 1 0 0	Ф Ф Ф ФФФФФ	94.90 244.24 414.82 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$ \$	29.00 47.45 17.45 41.48 .00 .00 .00 25.17 .00 .00 25.17 30.31 3.49 .00 .00 .00 .00 .00 .00 .00 .0	.096 .007 .052 .037 .000 .000 .007 .000 .000 .007 .044 .022 .000 .000 .284 .063 .004 .000	ው ው ው ው ው ው ው	62.83 47.45 48.85 69.14 .00 .00 .00 .25.17 .00 .00 .25.17 90.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ	2.78 .35 .90 1.53 .00 .00 .00 .00 .00 .19 1.34 .08 .00 .00 .00 .00 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ### HOSP INPATIENT TOTAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	2 5 6 0 0 0 2 0 0 0 2 4 1 0 0 0 0 19 4 1 0 0 0	26 2 14 10 0 0 0 0 2 0 0 0 0 2 12 6 0 0 0 0 0 77 17 1 0 0 0	Ф Ф Ф ФФФФФ	94.90 244.24 414.82 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$ \$	29.00 47.45 17.45 41.48 .00 .00 .00 25.17 .00 .00 25.17 30.31 3.49 .00 .00 .00 69.90 213.06 1158.00 .00 .00 .00 .00	.096 .007 .052 .037 .000 .000 .007 .000 .000 .007 .044 .022 .000 .000 .284 .063 .004 .000	ው ው ው ው ው ው ው	62.83 47.45 48.85 69.14 .00 .00 .00 .25.17 .00 .00 .25.17 90.93 .00 .00 .283.28 905.50 1158.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ	2.78 .35 .90 1.53 .00 .00 .00 .19 .00 .00 .19 1.34 .08 .00 .00 .00 .00 .00 .00 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	2 5 6 0 0 0 2 0 0 0 2 4 1 0 0 0 0 19 4 1 0 0	26 2 14 10 0 0 0 2 0 0 0 2 12 6 0 0 0 0 0 77 17 1 0 0	Ф Ф Ф ФФФФФ	94.90 244.24 414.82 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$ \$	29.00 47.45 17.45 41.48 .00 .00 .00 25.17 .00 .00 25.17 30.31 3.49 .00 .00 .00 .00 .00 .00 .00 .0	.096 .007 .052 .037 .000 .000 .007 .000 .000 .007 .044 .022 .000 .000 .284 .063 .004 .000	ው ው ው ው ው ው ው	62.83 47.45 48.85 69.14 .00 .00 .00 .25.17 .00 .00 .25.17 90.93 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ	2.78 .35 .90 1.53 .00 .00 .00 .00 .00 .19 1.34 .08 .00 .00 .00 .00 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ### TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	2 5 6 0 0 0 2 0 0 0 2 4 1 0 0 0 0 19 4 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	26 2 14 10 0 0 0 0 2 0 0 0 0 2 12 6 0 0 0 0 0 77 17 17 1 0 0 0 0	Ф Ф Ф ФФФФФ	94.90 244.24 414.82 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$ \$	29.00 47.45 17.45 41.48 .00 .00 .00 25.17 .00 .00 25.17 30.31 3.49 .00 .00 .00 69.90 213.06 1158.00 .00 .00 .00 .00 .00	.096 .007 .052 .037 .000 .000 .000 .007 .044 .022 .000 .000 .000 .284 .063 .004 .000 .000	ው ው ው ው ው ው ው	62.83 47.45 48.85 69.14 .00 .00 .00 .25.17 .00 .00 .25.17 90.93 .00 .00 .00 .283.28 905.50 1158.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ	2.78 .35 .90 1.53 .00 .00 .00 .19 .00 .00 .19 1.34 .08 .00 .00 .00 .00 .00 .00 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	2 5 6 0 0 0 0 2 4 1 0 0 0 0 19 4 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	26 2 14 10 0 0 0 0 2 0 0 0 0 2 12 6 0 0 0 0 0 77 17 1 0 0 0 0	Ф Ф Ф ФФФФФ	94.90 244.24 414.82 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$ \$	29.00 47.45 17.45 41.48 .00 .00 .00 25.17 .00 .00 25.17 30.31 3.49 .00 .00 .00 .00 69.90 213.06 1158.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.096 .007 .052 .037 .000 .000 .000 .000 .000 .000 .000	ው ው ው ው ው ው	62.83 47.45 48.85 69.14 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ	2.78 .35 .90 1.53 .00 .00 .00 .19 .00 .00 .19 1.34 .08 .00 .00 .00 .00 .00 .00 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	2 5 6 0 0 0 2 0 0 0 2 4 1 0 0 0 0 19 4 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	26 2 14 10 0 0 0 0 2 0 0 0 0 2 12 6 0 0 0 0 0 77 17 1 1 0 0 0 0	Ф Ф Ф ФФФФФ	94.90 244.24 414.82 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$ \$	29.00 47.45 17.45 41.48 .00 .00 .00 25.17 .00 .00 25.17 30.31 3.49 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.096 .007 .052 .037 .000 .000 .000 .000 .000 .000 .000	ው ው ው ው ው ው	62.83 47.45 48.85 69.14 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ	2.78 .35 .90 1.53 .00 .00 .00 .19 .00 .00 .19 1.34 .08 .00 .00 .00 .00 .00 .00 .00 .00 .00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	2 5 6 0 0 0 0 2 4 1 0 0 0 0 19 4 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	26 2 14 10 0 0 0 0 2 0 0 0 0 2 12 6 0 0 0 0 0 77 17 1 0 0 0 0	Ф Ф Ф ФФФФФ	94.90 244.24 414.82 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$ \$ \$	29.00 47.45 17.45 41.48 .00 .00 .00 25.17 .00 .00 25.17 30.31 3.49 .00 .00 .00 .00 69.90 213.06 1158.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.096 .007 .052 .037 .000 .000 .000 .000 .000 .000 .000	ው ው ው ው ው ው	62.83 47.45 48.85 69.14 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ	2.78 .35 .90 1.53 .00 .00 .00 .19 .00 .00 .19 1.34 .08 .00 .00 .00 .00 .00 .00 .00 .00 .00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	2		49.31	24.66	.007	24.66	.18
	1	1			238.40	.004	238.40	.88
RADIOLOGY	1	<u></u>		238.40				
ROOM USE	0	_ 0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	13	57		1,472.55	25.83	.210	113.27	5.43
@COUNTY HOSPITAL TOTAL	0	0 :	\$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	n	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
	0	0						
ACCOMMODATIONS	U	U		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	Ô	0		.00	.00	.000	.00	.00
	0	0		.00			.00	
ALL OTHER INPATIENT	0	0			.00	.000		.00
CO HOSP OUTPATIENT TOTAL	Ü	Ü		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	Ô	0		.00	.00	.000	.00	.00
	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	U CERTIFICA	U AND EXPENDIBLE	a Monten					
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	S MONTH	I-OF-PAYMENT R	EPORT FOR JAN	2003 THRU	DEC 2003	PAGE 18,307
MOP024	FEE-FOR-SERVICE							01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME S	SUPPORT	' - DISABLED	AID CODE	E 68		
						M	ONTHLY AVERA	AGE
271 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	r units/day	S COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19		\$	5,382.26	\$ 69.90	.284		
	1		Y	•	•			·
COMM HOSP INPATIENT TOTAL	4	17		3,622.00	213.06	.063	905.50	13.37
HSC HOSPITALS	1	1		1,158.00	1158.00	.004	1158.00	4.27
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	Û	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
	0	16						
INPATIENT CROSSOVERS	3	16		2,464.00	154.00	.059	821.33	9.09
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	15	60		1,760.26	29.34	.221	117.35	6.50
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	2		49.31	24.66	.007	24.66	.18
RADIOLOGY	1	1		238.40	238.40	.004	238.40	.88
ROOM USE	0	0		.00	.00	.000	.00	.00
	1.2							
CROSSOVERS/ALL OTH OUTPTNT	13	57		1,472.55	25.83	.210	113.27	5.43
@STATE HOSPITAL	0		\$	.00	\$ .00	.000	•	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	3	25	\$	3,072.64	\$ 122.91	.092	\$ 1024.21	\$ 11.34
LEV A-INTERMEDIATE	0	0	•	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
	0	0		.00		.000		
LEV B-SUBACUTE FREESTANDING	0				.00		.00	.00
LEV B-SUBACUTE HSPTL BASED	U	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	3	25		3,072.64	122.91	.092	1024.21	11.34
@INTERMEDIATE CARE FACILDD	0	0 :	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	Ö	0		.00	.00	.000	.00	.00
202 22	ŭ	ŭ		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	1	\$	84.58	\$	84.58	.004	\$	84.58	\$	.31
HOSPITAL BASED	0	0	•	.00	•	.00	.000	•	.00		.00
HEMODIALYSIS CENTER	1	1		84.58		84.58	.004		84.58		.31
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00		\$	.00	\$	.00
HOSPITAL BASED	0	0	•	.00	•	.00	.000	•	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	50	\$	440.73	\$	8.81	.185	\$	110.18	\$	1.63
PATHOLOGY	4	50	•	440.73	•	8.81	.185		110.18		1.63
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	92	170	\$	7,735.35	\$	45.50	.627	\$	84.08	\$	28.54
CLINIC	0	0	•	.00	•	.00	.000	•	.00		.00
SURGICENTER	2	5		476.25		95.25	.018		238.13		1.76
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	90	165		7,259.10		43.99	.609		80.66		26.79
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2		EC 2	003	E	AGE 18,308
MOP024	FEE-FOR-SERVICE				_			-			01/29/04
YUBA COUNTY		ICES FOR IN HOME	SUPI	PORT - DISABLED		AID CODE	68				,,
							MC	NTHL	Y AVERA	GE	
271 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS		ST PER		COST PER
		OR DAYS OF CARE	C			UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	125	24,806	\$	30,378.96	\$	1.22	91.535	\$	243.03	\$	112.10
DURABLE MED. EQUIP.	5	22	•	2,137.59	•	97.16	.081		427.52	•	7.89
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	12	1,295		2,561.77		1.98	4.779		213.48		9.45
AMBULANCES/AIR TRANS	0	. 0		.00		.00	.000		.00		.00
OTHER TRANS	12	1,257		2,484.30		1.98	4.638		207.03		9.17
OTHER SERVICES	1	38		77.47		2.04	.140		77.47		.29
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	8	45		3,840.55		85.35	.166		480.07		14.17
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	7	15		182.03		12.14	.055		26.00		.67
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	3	125		14,093.41		112.75	.461	4	697.80		52.01
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	107	23,304		7,563.61		.32	85.993		70.69		27.91
@CALIF. CHILDREN SERVICES*	2	15	\$	1,875.50	\$	125.03		\$	937.75	\$	6.92
@XOVER EXCLUDING STATE HOSP**		6,682	\$	13,748.01	\$	2.06		\$	98.20		50.73
O+ MOMATO THE MUTERE TIMES ADD					•			•			

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,309
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

YUBA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@TOTAL, ALL PROVIDERS	969	74,497	\$	666,445.35	\$	8.95	72.538	\$	687.77	\$	648.92
@PHYSICIANS SERVICES	227		;	9,552.91	\$	11.68		\$	42.08	\$	9.30
OUTPATIENT VISITS	11	18	•	663.70	-	36.87	.018	т	60.34	т	.65
OFFICE VISITS	11	18		663.70		36.87	.018		60.34		.65
HOME VISITS	0	0		.00		.00	.000		.00		.00
	0										
EMERGENCY ROOM	_	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	1	1		13.70		13.70	.001		13.70		.01
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	1	i 1		13.70		13.70	.001		13.70		.01
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
	0	0									
EXAMINATIONS	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2	14		761.49		54.39	.014		380.75		.74
PRINCIPAL SURGEON	1	1		327.12		327.12	.001		327.12		.32
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	13		434.37		33.41	.013		434.37		.42
OUTPATIENT SURGERY	2	3		274.02		91.34	.003		137.01		.27
PRINCIPAL SURGEON	2	3		274.02		91.34	.003		137.01		.27
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
	0	0 0		.00		.00	.000		.00		
ANESTHESIOLOGIST	0										.00
DIALYSIS	•	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	4	4		327.12		81.78	.004		81.78		.32
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	219	778		7,512.88		9.66	.758		34.31		7.32
@PHARMACY	770		\$	444,152.55	\$	11.92	36.287	Ś	576.82	Ś	432.48
PRESCRIPTION DRUGS	757	4,154	Υ	426,432.78	٧	102.66	4.045	٧	563.32	٧	415.22
SNF/ICF	18	164		6,980.45		42.56	.160		387.80		6.80
	741										
OUTPATIENTS		3,990		419,452.33		105.13	3.885		566.06		408.42
MEDICAL SUPPLIES	154	33,113		17,719.77		.54	32.242		115.06	_	17.25
@DENTIST	31		\$	9,189.60	\$	95.73	.093	Ş	296.44	Ş	8.95
VISITS - DIAGNOSTIC	17	45		814.00		18.09	.044		47.88		.79
ORAL SURGERY	2	2		130.00		65.00	.002		65.00		.13
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	3	3		518.00		172.67	.003		172.67		.50
ENDODONTICS	2	2		660.00		330.00	.002		330.00		.64
RESTORATIVE DENTISTRY	11	26		2,336.00		89.85	.025		212.36		2.27
PROSTHETICS	0	0		.00		.00	.000		.00		.00
	9	18		4,285.00		238.06	.018		476.11		4.17
DENTURES, STAYPLATES	9										
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		446.60		.00	.000		.00		.43
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES	S MO	NTH-OF-PAYMENT RE	EPOR:	r for jan 2	2003 THRU I	DEC	2003	P.	AGE 18,310
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
	SUMMARY OF SERV	ICES FOR IN HOME S	SUPP	ORT - TOTAL							
	TILLET OF BEING						MC	יידעו	ATIA AMEDA	GF.	
1,027 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Z\ 7.7.1	TRACE COST	UNITS/DAYS				COST PER
1,02, 501010150	CNECO	OR DAYS OF CARE		LAL LINDI I OKES		R UNIT/DAY		, (	USER		ELIGIBLE
@ODTOMETD I CT	20		4	1 116 67		- ,	_	بے			
@OPTOMETRIST	28	68	P	1,446.67	\$	21.27	.066	Þ	51.67	Ą	1.41
DIAGNOSTIC AND ANC. PROCED	2	2		94.90		47.45	.002		47.45		.09
EYE APPLIANCES	18	51		902.87		17.70	.050		50.16		.88

OTHER OPTOMETRIC SERVICES

9

15

448.90

29.93

.015

49.88

.44

@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	18	20	\$ 165.70	\$ 8.29	.019	\$ 9.21	\$ .16
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	18	20	165.70	8.29	.019	9.21	.16
@HOME HEALTH AGENCY	4	12	\$ 363.72	\$ 30.31	.012	\$ 90.93	\$ .35
NURSE ANESTHESIST	1	6	\$ 20.93	\$ 3.49	.006	\$ 20.93	\$ .02
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	68	300	\$ 30,281.31	\$ 100.94	.292	\$ 445.31	\$ 29.49
HOSP INPATIENT TOTAL	32	101	25,690.15	254.36	.098	802.82	25.01
HSC HOSPITALS	1	1	1,158.00	1158.00	.001	1158.00	1.13

NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
	0	0							.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
	0	0							
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	31	100		24,532.15	245.32	.097	791.36		23.89
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	38	199		4,591.16	23.07	.194	120.82		4.47
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	2	2		49.31	24.66	.002	24.66		.05
RADIOLOGY	1	1		238.40	238.40	.001	238.40		.23
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	36	196		4,303.45	21.96	.191	119.54		4.19
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES MON			2003 THRU DE		PAGE	18,311
MOP024	FEE-FOR-SERVICE/D	_							1/29/04
YUBA COUNTY	SUMMARY OF SERVIC		SUPPO	ORT - TOTAL				-	_,,
						MON	THLY AVERAG	F	
1,027 ELIGIBLES	USERS U	NITS OF SERVICE	:	EXPENDITURES	AVERAGE COST		COST PER		Γ PER
1,02, 22222		OR DAYS OF CARE			PER UNIT/DAY		USER		GIBLE
		OIL DITTO OI CITICI	•				00110		

					INOIN	TILLI AVEKAGE	
1,027 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	68	300 \$	30,281.31	\$ 100.94	.292 \$	445.31 \$	29.49
COMM HOSP INPATIENT TOTAL	32	101	25,690.15	254.36	.098	802.82	25.01
HSC HOSPITALS	1	1	1,158.00	1158.00	.001	1158.00	1.13
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	31	100	24,532.15	245.32	.097	791.36	23.89
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	38	199	4,591.16	23.07	.194	120.82	4.47
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	49.31	24.66	.002	24.66	.05
RADIOLOGY	1	1	238.40	238.40	.001	238.40	.23
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	36	196	4,303.45	21.96	.191	119.54	4.19
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

@NURSING FACILITY	27	230	\$	46,879.10	\$	203.82	. 2	24	\$	1736.26	\$	45.65
LEV A-INTERMEDIATE	0	0		.00		.00	.0	0 C		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.0	0 C		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.0	0 C		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.0	0.0		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.0	0 C		.00		.00
LEV B-REGULAR	27	230		46,879.10		203.82	. 2	24		1736.26		45.65
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.0	00	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.0	0.0		.00		.00
ICF DD	0	0		.00		.00	.0	00		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.0	00		.00		.00
@HEMODIALYSIS TOTAL	11	22	\$	7,724.11	\$	351.10	.0	21	\$	702.19	\$	7.52
HOSPITAL BASED	0	0		.00		.00	.0	0 C		.00		.00
HEMODIALYSIS CENTER	11	22		7,724.11		351.10	.0			702.19		7.52
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00		00	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.0	00		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.0			.00		.00
@LABORATORY FACILITY	7	54	\$	468.11		8.67	.0	53	\$	66.87	\$	.46
PATHOLOGY	4	50		440.73		8.81	.0	49		110.18		.43
XO AND OTHERS	3	4		27.38		6.85	.0			9.13		.03
@ORGANIZED OUTPATIENT CLINIC	188	329	\$	11,819.03		35.92			\$	62.87	\$	11.51
CLINIC	0	0		.00		.00	.0			.00		.00
SURGICENTER	5	9		1,008.42		112.05	.0			201.68		.98
HEROIN DETOX CLINIC	0	0		.00		.00	.0			.00		.00
RURAL HEALTH CLINIC	183	320		10,810.61		33.78	.3			59.07		10.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITU	RES MONT	H-OF-PAYMENT	REPORT	FOR JAN	2003 TH	RU I	DEC	2003	Ρž	AGE 18,312
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR	IN HOM	E SUPPOR	T - TOTAL								
								- M	ONTI	HLY AVERA	GE ·	

1,027 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CARE	}		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	488	35,275	\$	104,381.61	\$ 2.96	34.348	\$ 213.90	\$ 101.64
DURABLE MED. EQUIP.	21	66		8,497.55	128.75	.064	404.65	8.27
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		1,249.50	1249.50	.001	1249.50	1.22
MEDICAL TRANSPORTATION	53	5,151		17,477.74	3.39	5.016	329.77	17.02
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	40	4,854		16,640.94	3.43	4.726	416.02	16.20
OTHER SERVICES	15	297		836.80	2.82	.289	55.79	.81
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	108	633		40,466.22	63.93	.616	374.69	39.40
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	31	73		1,019.41	13.96	.071	32.88	.99
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	3		4.20	1.40	.003	4.20	.00
PROSTHETICS	1	3		4.20	1.40	.003	4.20	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3		8.76	2.92	.003	8.76	.01
HOSPICE SERVICES	3	125		14,093.41	112.75	.122	4697.80	13.72
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	352	29,220		21,564.82	.74	28.452	61.26	21.00
@CALIF. CHILDREN SERVICES*	2	15	\$	1,875.50	\$ 125.03	.015	\$ 937.75	\$ 1.83

@XOVER EXCLUDING STATE HOSP\*\* 525 8,493 \$ 88,062.90 \$ 10.37 8.270 \$ 167.74 \$ 85.75

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,313 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

YUBA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

YUBA COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC ASSI	STANCE - AGED				~-
E E53					MON		
7,753 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	6,192	161,671 \$	2,899,385.84	\$ 17.93	20.853 \$		\$ 373.97
@PHYSICIANS SERVICES	1,389	4,356 \$	51,259.93	\$ 11.77	.562 \$		\$ 6.61
OUTPATIENT VISITS	5	8	332.00	41.50	.001	66.40	.04
OFFICE VISITS	5	8	332.00	41.50	.001	66.40	.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0					.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	11	675.51	61.41	.001	225.17	.09
PRINCIPAL SURGEON	2	3	512.85	170.95	.000	256.43	.07
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8	162.66	20.33	.001	162.66	.02
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	23	81	323.80	4.00	.010	14.08	.04
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1,367	4,256	49,928.62	11.73	.549	36.52	6.44
@PHARMACY	5,265	80,213 \$	1,667,095.29	\$ 20.78	10.346 \$	316.64	\$ 215.03
PRESCRIPTION DRUGS	5,162	20,811	1,608,072.95	77.27	2.684	311.52	207.41
SNF/ICF	79	506	21,082.36	41.66	.065	266.87	2.72
OUTPATIENTS	5,095	20,305	1,586,990.59	78.16	2.619	311.48	204.69
MEDICAL SUPPLIES	721	59,402	59,022.34	.99	7.662	81.86	7.61
@DENTIST	244	852 \$	53,014.90	\$ 62.22	.110 \$		
VISITS - DIAGNOSTIC	140	443	5,761.90	13.01	.057	41.16	.74
ORAL SURGERY	32	101	4,696.00	46.50	.013	146.75	.61
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	i 1	1	100.00	100.00	.000	100.00	.01
PERIODONTICS	11	11	1,664.00	151.27	.001	151.27	.21
ENDODONTICS ENDODONTICS	7	9	1,825.00	202.78	.001	260.71	.24
RESTORATIVE DENTISTRY	68	148	13,580.00	91.76	.019	199.71	1.75
PROSTHETICS	1	148	30.00	30.00	.019	30.00	.00
	66	135		187.84			
DENTURES, STAYPLATES			25,358.00		.017	384.21	3.27
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	3	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 18,314

01/29/04

YUBA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

YUBA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC ASSIS	TANCE - AGED				
					MONT		
7,753 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	173	460 \$	8,190.14	\$ 17.80	.059 \$	47.34	\$ 1.06
DIAGNOSTIC AND ANC. PROCED	18	18	677.54	37.64	.002	37.64	.09
EYE APPLIANCES	137	381	6,538.98	17.16	.049	47.73	.84
OTHER OPTOMETRIC SERVICES	35	61	973.62	15.96	.008	27.82	.13
@CHIROPRACTOR	8	18 \$	199.80	\$ 11.10	.002 \$	24.98	
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	8	18	199.80	11.10	.002	24.98	.03
	98	120 \$	1,345.95	\$ 11.22	.015 \$	13.73	
@PODIATRIST	0	•					
MEDICINE/INJECTIONS	-	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	98	120	1,345.95	11.22	.015	13.73	.17
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$		\$ .00
NURSE ANESTHESIST	3	61 \$	133.52	\$ 2.19	.008 \$		\$ .02
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	1	5 \$	99.03	\$ 19.81	.001 \$	99.03	\$ .01
@TOTAL HOSPITAL	463	1,999 \$	406,355.14	\$ 203.28	.258 \$		\$ 52.41
HOSP INPATIENT TOTAL	177	715	376,464.49	526.52	.092	2126.92	48.56
HSC HOSPITALS	3	12	11,053.37	921.11	.002	3684.46	1.43
NON-HSC HOSPITAL TOTAL	23	116	244,419.13	2107.06		10626.92	31.53
	23	116	•	404.47		2039.91	6.05
ACCOMMODATIONS	0		46,918.03		.015		
ADMINISTRATIVE DAYS		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	23	116	46,918.03	404.47	.015	2039.91	6.05
ANCILLARIES	23	0	197,501.10	.00	.000	8587.00	25.47
INPATIENT CROSSOVERS	151	587	120,991.99	206.12	.076	801.27	15.61
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	310	1,284	29,890.65	23.28	.166	96.42	3.86
MEDICAL	3	3	139.95	46.65	.000	46.65	.02
SURGERY	1	1	90.75	90.75	.000	90.75	.01
PATHOLOGY	2	10	106.82	10.68	.001	53.41	.01
RADIOLOGY	2	2	132.98	66.49	.000	66.49	.02
ROOM USE	2	5	314.65	62.93	.001	157.33	.04
CROSSOVERS/ALL OTH OUTPTNT	306	1,263	29,105.50	23.04	.163	95.12	3.75
@COUNTY HOSPITAL TOTAL	2	9 \$	21.87	\$ 2.43	.001 \$	10.94	
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
HSC HOSPITALS	0	0		.00			
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	U	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	9	21.87	2.43	.001	10.94	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	Ô	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0					.00
	2	9	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	_	_	21.87	2.43	.001	10.94	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SEKVIC	ES AND EXPENDITURES MO	MIH-OL-PAIMENI KE	PORT FOR JAN A	ZOOS THRO DEC	. 2003	PAGE 18,315

						MC	NTHLY AVERA	GE	
7,753 ELIGIBLES	USERS	UNITS OF SERVICE	}	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	:		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	461	1,990	\$	406,333.27	\$ 204.19	.257	\$ 881.42	\$	52.41
COMM HOSP INPATIENT TOTAL	177	715		376,464.49	526.52	.092	2126.92		48.56
HSC HOSPITALS	3	12		11,053.37	921.11	.002	3684.46		1.43
NON-HSC HOSPITALS TOTAL	23	116		244,419.13	2107.06	.015	10626.92		31.53
ACCOMMODATIONS	23	116		46,918.03	404.47	.015	2039.91		6.05
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	23	116		46,918.03	404.47	.015	2039.91		6.05
ANCILLARIES	23	0		197,501.10	.00	.000	8587.00		25.47
INPATIENT CROSSOVERS	151	587		120,991.99	206.12	.076	801.27		15.61
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00

COMM HOSP OUTPATIENT TOTAL	308	1,275		29,868.78		23.43	.164		96.98		3.85
MEDICAL	3	3		139.95		46.65	.000		46.65		.02
SURGERY	1	1		90.75		90.75	.000		90.75		.01
PATHOLOGY	2	10		106.82		10.68	.001		53.41		.01
RADIOLOGY	2	2		132.98		66.49	.000		66.49		.02
ROOM USE	2	5		314.65		62.93	.001		157.33		.04
CROSSOVERS/ALL OTH OUTPTNT	304	1,254		29,083.63		23.19	.162		95.67		3.75
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	120	1,828	\$	310,873.96	\$	170.06	.236	\$	2590.62	\$	40.10
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	120	1,828		310,873.96		170.06	.236		2590.62		40.10
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	71	110	\$	49,963.78	\$	454.22	.014	\$	703.72	\$	6.44
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	71	110		49,963.78		454.22	.014		703.72		6.44
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	21	37	\$	451.24	\$	12.20	.005	\$	21.49	\$	.06
PATHOLOGY	6	21		245.98		11.71	.003		41.00		.03
XO AND OTHERS	15	16		205.26		12.83	.002		13.68		.03
@ORGANIZED OUTPATIENT CLINIC	1,030	1,851	\$	58,749.00	\$	31.74	.239	\$	57.04	\$	7.58
CLINIC	2	25		503.98		20.16	.003		251.99		.07
SURGICENTER	11	15		1,969.00		131.27	.002		179.00		.25
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,017	1,811		56,276.02		31.07	.234		55.34		7.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES N	MONTH-OF-PAYMENT RI	EPOR	r for Jan 2003	3 THRU	DEC	2003	PA	GE 18,316
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04
YUBA COUNTY	SUMMARY OF SERVICES F	OR PUBLIC	C ASSI	ISTANCE - AGED							

DOIMERT OF DEL	VIOLD 1011 10DE10 110DE1	7111101				
				MON	THLY AVERA	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
1,717	69,761 \$	291,654.16	\$ 4.18	8.998 \$	169.86	\$ 37.62
60	102	9,120.66	89.42	.013	152.01	1.18
0	0	.00	.00	.000	.00	.00
47	60	15,399.25	256.65	.008	327.64	1.99
131	11,859	43,266.50	3.65	1.530	330.28	5.58
7	89	970.73	10.91	.011	138.68	.13
86	11,217	40,255.37	3.59	1.447	468.09	5.19
43	553	2,040.40	3.69	.071	47.45	.26
1	2	43.25	21.63	.000	43.25	.01
8	194	13,363.18	68.88	.025	1670.40	1.72
0	0	.00	.00	.000	.00	.00
343	1,889	124,475.63	65.89	.244	362.90	16.06
0	0	.00	.00	.000	.00	.00
164	366	4,956.42	13.54	.047	30.22	.64
3	7	7.35	1.05	.001	2.45	.00
2	4	4.03	1.01	.001	2.02	.00
18	34	713.50	20.99	.004	39.64	.09
18	34	713.50	20.99	.004	39.64	.09
0	0	.00	.00	.000	.00	.00
	1,717 60 0 47 131 7 86 43 1 8 0 343 0 164 3 2	OR DAYS OF CARE  1,717 69,761 \$ 60 102 0 0 47 60 131 11,859 7 89 86 11,217 43 553 1 2 8 194 0 0 343 1,889 0 0 164 366 3 7 2 4 18 34	OR DAYS OF CARE  1,717 69,761 \$ 291,654.16 60 102 9,120.66 0 0 0 .00 47 60 15,399.25 131 11,859 43,266.50 7 89 970.73 86 11,217 40,255.37 43 553 2,040.40 1 2 43.25 8 194 13,363.18 0 0 .00 343 1,889 124,475.63 0 0 .00 164 366 4,956.42 3 7 7.35 2 4 4.03 18 34 713.50	OR DAYS OF CARE  1,717 69,761 \$ 291,654.16 \$ 4.18 60 102 9,120.66 89.42 0 0 0 .00 .00 47 60 15,399.25 256.65 131 11,859 43,266.50 3.65 7 89 970.73 10.91 86 11,217 40,255.37 3.59 43 553 2,040.40 3.69 1 2 43.25 21.63 8 194 13,363.18 68.88 0 0 0 .00 .00 343 1,889 124,475.63 65.89 0 0 0 .00 164 366 4,956.42 13.54 3 7 7.35 1.05 2 4 4.03 1.01 18 34 713.50 20.99	USERS UNITS OF SERVICE OR DAYS OF CARE  1,717 69,761 \$ 291,654.16 \$ 4.18 8.998 \$ 60 102 9,120.66 89.42 .013 0 0 .00 .00 .00 .000 47 60 15,399.25 256.65 .008 131 11,859 43,266.50 3.65 1.530 7 89 970.73 10.91 .011 86 11,217 40,255.37 3.59 1.447 43 553 2,040.40 3.69 .071 1 2 43.25 21.63 .000 8 194 13,363.18 68.88 .025 0 0 .00 .00 .00 .00 343 1,889 124,475.63 65.89 .244 0 0 0 .00 .00 .00 344 366 4,956.42 13.54 .047 3 7 7.35 1.05 .001 2 4 4.03 1.01 .001 18 34 713.50 20.99 .004	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           1,717         69,761         \$ 291,654.16         \$ 4.18         8.998         \$ 169.86           60         102         9,120.66         89.42         .013         152.01           0         0         .00         .00         .00         .00           47         60         15,399.25         256.65         .008         327.64           131         11,859         43,266.50         3.65         1.530         330.28           7         89         970.73         10.91         .011         138.68           86         11,217         40,255.37         3.59         1.447         468.09           43         553         2,040.40         3.69         .071         47.45           1         2         43.25         21.63         .000         43.25           8         194         13,363.18         68.88         .025         1670.40           0         0         .00         .00         .00         .00         .00           343         1,889         124,475.63         65.89         .244         362.90           0         0

PSYCHOLOGIST	0	0	.00		.00	.000		.00	.00
SPEECH AND AUDIOLOGY	27	45	2,751.41		61.14	.006	1	01.90	.35
HOSPICE SERVICES	5	143	15,776.11	1	L10.32	.018	31	55.22	2.03
NONINST BIRTHING CENTERS	0	0	.00		.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	5	20	249.48		12.47	.003		49.90	.03
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000		.00	.00
ALL OTHER PROVIDERS	1,156	55,036	61,527.39		1.12	7.099		53.22	7.94
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	2,669	15,483	\$ 421,385.94	\$	27.22	1.997	\$ 1	57.88	\$ 54.35

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 18,317

01/29/04

YUBA COUNTY SU

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

YUBA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	STANCE - BLIND		1401		<b>a</b> =	
F00 F1 FGTB1 FG	Hanna					MON		_	
782 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
	5.50	OR DAYS OF CARE		544 015 60	PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	579	20,544	\$	544,915.68	\$ 26.52	26.271	941.13		696.82
@PHYSICIANS SERVICES	200	878	\$	27,235.91	\$ 31.02	1.123 \$		Ş	34.83
OUTPATIENT VISITS	66	94		3,242.78	34.50	.120	49.13		4.15
OFFICE VISITS	62	90		3,135.44	34.84	.115	50.57		4.01
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	4	4		107.34	26.84	.005	26.84		.14
INPATIENT VISITS	12	46		2,463.60	53.56	.059	205.30		3.15
HOSPITAL VISITS	11	43		2,098.80	48.81	.055	190.80		2.68
CRITICAL CARE	2	3		364.80	121.60	.004	182.40		.47
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	22	24		1,017.93	42.41	.031	46.27		1.30
EXAMINATIONS	21	23		997.93	43.39	.029	47.52		1.28
SERVICES AND MATERIALS	1	1		20.00	20.00	.001	20.00		.03
INPATIENT HOSPITAL SURGERY	5	7		2,610.77	372.97	.009	522.15		3.34
PRINCIPAL SURGEON	5	7		2,610.77	372.97	.009	522.15		3.34
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	15	58		4,801.91	82.79	.074	320.13		6.14
PRINCIPAL SURGEON	12	19		3,566.51	187.71	.024	297.21		4.56
ASSISTANT SURGEON	1	1		244.60	244.60	.001	244.60		.31
ANESTHESIOLOGIST	7	38		990.80	26.07	.049	141.54		1.27
DIALYSIS	18	46		3,840.24	83.48	.059	213.35		4.91
PATHOLOGY	9	11		114.22	10.38	.014	12.69		.15
RADIOLOGY	45	97		1,951.28	20.12	.124	43.36		2.50
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	4	8		153.50	19.19	.010	38.38		.20
OTHER SERVICES/ALL X-OVERS	111	487		7,039.68	14.46	.623	63.42		9.00
@PHARMACY	481	5,176	\$	185,274.68	\$ 35.79	6.619		Ġ	236.92
PRESCRIPTION DRUGS	474	2,033	т.	167,975.71	82.62	2.600	354.38	-	214.80
SNF/ICF	0	_,,,,		.00	.00	.000	.00		.00
OUTPATIENTS	474	2,033		167,975.71	82.62	2.600	354.38		214.80
MEDICAL SUPPLIES	104	3,143		17,298.97	5.50	4.019	166.34		22.12
@DENTIST	25	136	\$	3,926.50	\$ 28.87	.174		Ś	5.02
VISITS - DIAGNOSTIC	15	83	Τ.	925.50	11.15	.106	61.70	Τ.	1.18
ORAL SURGERY	5	37		1,370.00	37.03	.047	274.00		1.75
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
	ŭ	ŭ		.00	. 5 0				

PERIODONTICS	3	4	800.00	200.00	.005	266.67	1.02
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	7	8	596.00	74.50	.010	85.14	.76
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	3	235.00	78.33	.004	78.33	.30
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES MON	NTH-OF-PAYMENT REPORT	r for jan 20	003 THRU DEC	2003	PAGE 18,318
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
YUBA COUNTY	SUMMARY OF SERVICES	FOR PUBLIC ASSIST	TANCE - BLIND				

YUBA COUNTY	SUMMARY OF SERV	VICES FOR	PUBLIC	ASSI	STANCE - BLIND						
							M			GE	
782 ELIGIBLES	USERS	UNITS OF			EXPENDITURES						COST PER
	11 2	OR DAYS (				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	11		26	\$	964.43	\$	.033	\$		\$	
DIAGNOSTIC AND ANC. PROCED	2		2		94.90	47.45	.003		47.45		.12
EYE APPLIANCES	10		24		869.53	36.23	.031		86.95		1.11
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000		.00		.00
@CHIROPRACTOR	4		9	\$		\$	.012	\$	37.62	\$	.19
VISITS	4		9		150.48	16.72	.012		37.62		.19
OTHER SERVICES	0		0		.00	.00	.000		.00		.00
DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	14		28	\$	596.75	\$	.036	\$		\$	.76
MEDICINE/INJECTIONS	8		20		435.80	21.79	.026		54.48		.56
SURGERY/ANES.	0		0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00	.00	.000		.00		.00
OTHER	7	1	8		160.95	20.12	.010		22.99		.21
@HOME HEALTH AGENCY	22	1	,411	\$	42,670.77	30.24	1.804	\$	1939.58		54.57
NURSE ANESTHESIST	0		0	\$		\$ .00	.000		.00		.00
@HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	0		0	\$	.00	\$ .00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	13		35	\$	405.57	\$ 11.59	.045		31.20		.52
@TOTAL HOSPITAL	110		474	\$	153,791.66 142,589.36	\$ 324.45		\$	1398.11	\$	196.66
HOSP INPATIENT TOTAL	24		87		142,589.36	1638.96	.111		5941.22		182.34
HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	1		4		4,824.00	1638.96 1206.00	.005		4824.00		6.17
NON-HSC HOSPITAL TOTAL	18		61		133,621.36	2190.51	.078		7423.41		170.87
ACCOMMODATIONS	18		61		26,204.40	429.58	.078		1455.80		33.51
ADMINISTRATIVE DAYS	0		0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	18		61		26,204.40	429.58	.078		1455.80		33.51
ANCILLARIES	18		0		107,416.96	.00	.000		5967.61		137.36
INPATIENT CROSSOVERS	5		22		4,144.00	188.36	.028		828.80		5.30
ALL OTHER INPATIENT	0		0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	96		387		11,202.30	28.95	.495		116.69		14.33
MEDICAL	31		41		2,444.16	59.61	.052		78.84		3.13
SURGERY	10		14		951.63	67.97	.018		95.16		1.22
PATHOLOGY	40		142		1,656.32	11.66	.182		41.41		2.12
RADIOLOGY	29		44		2,286.58	51.97	.056		78.85		2.92
ROOM USE	31		47		2,417.39	51.43	.060		77.98		3.09
CROSSOVERS/ALL OTH OUTPTNT	30			4.	1,446.22	14.61	.127	4.	48.21	4.	1.85
@COUNTY HOSPITAL TOTAL	0		0	\$		\$ .00	.000	\$		\$	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00	.00	.000		.00		.00
HSC HOSPITALS	0		0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	Ü		0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	Ü		0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	Ü		U		.00	.00	.000		.00		.00
ANCILLARIES	0		0		.00	.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MC	NTH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DEC	2003	PAGE 18,319
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
YUBA COUNTY	SUMMARY OF SERVICES F	OR PUBLIC ASSIS	STANCE - BLIND				

MONTHLY AVERAC 782 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER	GE COST PER ELIGIBLE
	FLICTRIE
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER	
@COMMUNITY HOSPITAL TOTAL 110 474 \$ 153,791.66 \$ 324.45 .606 \$ 1398.11	
COMM HOSP INPATIENT TOTAL 24 87 142,589.36 1638.96 .111 5941.22	182.34
HSC HOSPITALS 1 4 4,824.00 1206.00 .005 4824.00	6.17
NON-HSC HOSPITALS TOTAL 18 61 133,621.36 2190.51 .078 7423.41	170.87
ACCOMMODATIONS 18 61 26,204.40 429.58 .078 1455.80	33.51
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00	.00
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	.00
ALL OTHER ACCOM 18 61 26,204.40 429.58 .078 1455.80	33.51
ANCILLARIES 18 0 107,416.96 .00 .000 5967.61	137.36
INPATIENT CROSSOVERS 5 22 4,144.00 188.36 .028 828.80	5.30
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00	.00
COMM HOSP OUTPATIENT TOTAL 96 387 11,202.30 28.95 .495 116.69	14.33
MEDICAL 31 41 2,444.16 59.61 .052 78.84	3.13
SURGERY 10 14 951.63 67.97 .018 95.16	1.22
PATHOLOGY 40 142 1,656.32 11.66 .182 41.41	2.12
RADIOLOGY 29 44 2,286.58 51.97 .056 78.85	2.92
ROOM USE 31 47 2,417.39 51.43 .060 77.98	3.09
CROSSOVERS/ALL OTH OUTPINT 30 99 1,446.22 14.61 .127 48.21	1.85
@STATE HOSPITAL 0 0 \$ .00 \$ .00 \$ .00	\$ .00
MENTALLY ILL 0 0 0 .00 .00 .00 .00	.00
DEVELOP. DISABLED 0 0 .00 .00 .00 .00	.00
@NURSING FACILITY 0 0 \$ .00 \$ .00 \$ .00	\$ .00
LEV A-INTERMEDIATE 0 0 .00 .00 .00 .00 .00	.00
LEV B-REHAB MD 0 0 .00 .00 .00 .00	.00
LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00	.00
LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .00 .00	.00
LEV B-TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	.00
LEV B-REGULAR 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00
@INTERMEDIATE CARE FACILDD 0 0 \$ .00 \$ .00 \$ .00	\$ .00
ICF DDH 0 0 .00 .00 .00 .00	.00
ICF DD 0 0 .00 .00 .00 .00	.00
ICF DDN/DDCN 0 0 .00 .00 .00 .00	.00
@HEMODIALYSIS TOTAL 40 1,144 \$ 66,082.86 \$ 57.76 1.463 \$ 1652.07	\$ 84.50
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00
HEMODIALYSIS CENTER 40 1,144 66,082.86 57.76 1.463 1652.07	84.50
@REHABILITATION FACILITY 0 0 \$ .00 \$ .00 \$ .00	\$ .00
HOSPITAL BASED 0 0 .00 .00 .00 .00	.00
INDEPENDENT FACILITY 0 0 .00 .00 .00 .00 .00	.00
	\$ 4.02
PATHOLOGY 52 255 3,144.92 12.33 .326 60.48	4.02
XO AND OTHERS 0 0 .00 .00 .00 .00 .00	.00
@ORGANIZED OUTPATIENT CLINIC 169 275 \$ 18,185.58 \$ 66.13 .352 \$ 107.61	\$ 23.26
CLINIC 2 6 208.84 34.81 .008 104.42	.27
SURGICENTER 3 5 306.55 61.31 .006 102.18	.39
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00	.00

RURAL HEALTH CLINIC	168	264	17,670.19	66.93	.338	105.18	22.60
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2003	THRU DEC	2003	PAGE 18,320
MOP024	FEE-FOR-SERVICE/DENTA	<u></u>					01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FO	OR PUBLIC ASS	SISTANCE - BLIND				

					MON	THLY AVERAG	GE
782 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	155	10,697 \$	42,485.57	\$ 3.97	13.679	274.10	\$ 54.33
DURABLE MED. EQUIP.	16	61	4,854.57	79.58	.078	303.41	6.21
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	12	879.09	73.26	.015	175.82	1.12
MEDICAL TRANSPORTATION	58	5,136	22,238.31	4.33	6.568	383.42	28.44
AMBULANCES/AIR TRANS	24	111	2,722.07	24.52	.142	113.42	3.48
OTHER TRANS	28	4,937	19,285.55	3.91	6.313	688.77	24.66
OTHER SERVICES	7	88	230.69	2.62	.113	32.96	.30
ACUPUNCTURE	1	2	24.34	12.17	.003	24.34	.03

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	22	85	7,200.57	84.71	.109	327.30	9.21
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	36	478.77	13.30	.046	39.90	.61
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	29	3,818.24	131.66	.037	636.37	4.88
PROSTHETICS	6	29	3,818.24	131.66	.037	636.37	4.88
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6	189.65	31.61	.008	63.22	.24
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	10	153	572.21	3.74	.196	57.22	.73
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	38	5,177	2,229.82	.43	6.620	58.68	2.85
@CALIF. CHILDREN SERVICES*	12	344	\$ 17,192.88	\$ 49.98	.440	\$ 1432.74	\$ 21.99
@XOVER EXCLUDING STATE HOSP**	115	550	\$ 27,116.61	\$ 49.30	.703	\$ 235.80	\$ 34.68

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 18,321

01/29/04

YUBA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

IUDA COUNTI	SUMMARI OF SER	VICES FOR PUBLIC AS	ото	IANCE - DISABLED				
						MON		
39,920 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	31,857	761,027 \$		25,839,070.78	\$ 33.95	19.064 \$		
@PHYSICIANS SERVICES	9,049	34,628 \$	5	1,247,174.13	\$ 36.02	.867 \$	137.82	
OUTPATIENT VISITS	3,517	4,683		164,835.06	35.20	.117	46.87	4.13
OFFICE VISITS	3,115	4,126		137,846.92	33.41	.103	44.25	3.45
HOME VISITS	15	21		1,310.50	62.40	.001	87.37	
EMERGENCY ROOM	184	233		14,366.30	61.66	.006	78.08	.36
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	31	13CR		2,217.30	170.56CR	.000	71.53	.06
OTHER OUTPATIENT	277	316		9,094.04	28.78	.008	32.83	.23
INPATIENT VISITS	512	2,767		161,222.22	58.27	.069	314.89	4.04
HOSPITAL VISITS	457	2,275		103,979.75	45.71	.057	227.53	2.60
CRITICAL CARE	74	393		53,864.07	137.06	.010	727.89	1.35
SNF/ICF/TRANS IP CARE	49	99		3,378.40	34.13	.002	68.95	.08
OPHTHALMOLOGICAL SERVICES	229	285		11,569.95	40.60	.007	50.52	.29
EXAMINATIONS	222	278		11,429.95	41.11	.007	51.49	.29
SERVICES AND MATERIALS	7	7		140.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	382	2,224		217,101.12	97.62	.056	568.33	5.44
PRINCIPAL SURGEON	289	465		169,600.45	364.73	.012	586.85	4.25
ASSISTANT SURGEON	35	35		7,462.10	213.20	.001	213.20	.19
ANESTHESIOLOGIST	150	1,724		40,038.57	23.22	.043	266.92	1.00
OUTPATIENT SURGERY	553	1,554		134,913.73	86.82	.039	243.97	3.38
PRINCIPAL SURGEON	441	573		110,827.25	193.42	.014	251.31	2.78
ASSISTANT SURGEON	15	16		1,976.38	123.52	.000	131.76	.05
ANESTHESIOLOGIST	150	965		22,110.10	22.91	.024	147.40	.55
DIALYSIS	79	229		22,546.11	98.45	.006	285.39	.56
PATHOLOGY	355	738		13,782.16	18.68	.018	38.82	.35
RADIOLOGY	2,767	5,638		219,662.45	38.96	.141	79.39	5.50
PSYCHIATRY	4	6		251.72	41.95	.000	62.93	.01
IMMUNIZATION AND INJECTION	186	1,321		19,789.60	14.98	.033	106.40	.50
OTHER SERVICES/ALL X-OVERS	4,210	15,183		281,500.01	18.54	.380	66.86	7.05

@PHARMACY	26,351	290,134	\$	12,371,488.56	\$	42.64	7.268	\$ 469.49	, \$	309.91
PRESCRIPTION DRUGS	26,075	116,469		11,961,479.88		102.70	2.918	458.73	ś	299.64
SNF/ICF	174	1,554		87,397.06		56.24	.039	502.28	\$	2.19
OUTPATIENTS	25,933	114,915		11,874,082.82		103.33	2.879	457.88	\$	297.45
MEDICAL SUPPLIES	2,634	173,665		410,008.68		2.36	4.350	155.66	j	10.27
@DENTIST	1,939	8,163	\$	397,340.20	\$	48.68	.204	\$ 204.92	! \$	9.95
VISITS - DIAGNOSTIC	1,181	4,617		62,635.75		13.57	.116	53.04	ė	1.57
ORAL SURGERY	301	899		43,565.25		48.46	.023	144.74	ė	1.09
DRUGS	9	11		170.00		15.45	.000	18.89	,	.00
ANESTHESIA	12	12		1,200.00		100.00	.000	100.00	j	.03
PERIODONTICS	122	140		21,555.00		153.96	.004	176.68	\$	.54
ENDODONTICS	133	201		40,113.00		199.57	.005	301.60	j	1.00
RESTORATIVE DENTISTRY	596	1,508		128,348.70		85.11	.038	215.35	,	3.22
PROSTHETICS	15	15		380.00		25.33	.000	25.33	i	.01
DENTURES, STAYPLATES	228	607		91,474.90		150.70	.015	401.21	-	2.29
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	j	.00
MAXILLOFACIAL SERVICES	7	7		1,302.60		186.09	.000	186.09	,	.03
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	j	.00
ORTHODONTIC SERVICES	39	48		6,220.00		129.58	.001	159.49	,	.16
ALL OTHER SERVICES	30	98		375.00		3.83	.002	12.50	j	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	RES MONT	TH-OF-PAYMENT F	REPORT	FOR JAN	2003 THRU	DEC 2003	P	AGE 18,322
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FO	R PUBLIC	ASSIST	ANCE - DISABLEI	)					
							7.4	ONTITUTE SE ASSET	A CIE	

---- MONTHLY AVERAGE USERS 39,920 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG **USER** ELIGIBLE 1,081 @OPTOMETRIST 3,202 67,344.11 21.03 .080 \$ 62.30 \$ 1.69 DIAGNOSTIC AND ANC. PROCED 507 546 23,452.96 42.95 .014 46.26 .59 EYE APPLIANCES 901 2,546 41,782.88 16.41 .064 46.37 1.05 71 OTHER OPTOMETRIC SERVICES 110 2,108.27 19.17 .003 29.69 .05 @CHIROPRACTOR 316 787 12,873.52 16.36 .020 40.74 .32 VISITS 297 752 12,485.66 16.60 .019 42.04 .31 35 19 387.86 .001 20.41 .01 OTHER SERVICES 11.08 @PODIATRIST 218 349 5,401.19 15.48 .009 24.78 \$ .14 MEDICINE/INJECTIONS 47 53 1,375.64 25.96 .001 29.27 .03 SURGERY/ANES. 0 .00 .00 .000 .00 .00 5 86.50 .000 28.83 .00 RADIO./PATHOLOGY 17.30 OTHER 171 291 3,939.05 13.54 .007 23.04 .10 178 @HOME HEALTH AGENCY 1,652 87,009.41 52.67 .041 \$ 488.82 2.18 18 \$ 207 1,582.93 \$ 7.65 .005 87.94 \$ .04 NURSE ANESTHESIST NURSE MIDWIFE 4 \$ 907.14 Ś 226.79 .000 Ś 453.57 Ś .02 PEDIATRIC NURSE PRACTITIONER 0 0 .00 \$ .00 .000 .00 \$ .00 FAMILY NURSE PRACTITIONER 1,117 2,760 40,286.07 14.60 .069 36.07 \$ 1.01 @TOTAL HOSPITAL 5,626 33,945 7,606,399.94 224.08 .850 1352.01 190.54 4,614 8752.38 HOSP INPATIENT TOTAL 761 6,660,562.09 1443.55 .116 166.85 106 1,055 1,415,111.90 1341.34 .026 13350.11 35.45 HSC HOSPITALS 459 2,730 1863.43 .068 11083.13 127.43 NON-HSC HOSPITAL TOTAL 5,087,157.14 ACCOMMODATIONS 457 2,730 1,217,885.53 446.11 .068 2664.96 30.51 33 394 89,534.78 227.25 ADMINISTRATIVE DAYS .010 2713.18 2.24 TRANSITIONAL IP CARE 0 0 .00 .00 .000 .00 .00 ALL OTHER ACCOM 447 2,336 1,128,350.75 483.03 .059 2524.27 28.27 ANCILLARIES 459 0 3,869,271.61 .00 8429.79 96.93 .000 INPATIENT CROSSOVERS 207 829 158,293.05 190.94 .021 764.70 3.97 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 HOSP OUTPATIENT TOTAL 5,270 29,331 945,837.85 32.25 .735 179.48 23.69 1,670 3,184 159,030.54 49.95 .080 95.23 3.98 MEDICAL SURGERY 417 498 23,935.33 48.06 .012 57.40 .60 2,146 11,065 131,722.49 PATHOLOGY 11.90 .277 61.38 3.30 RADIOLOGY 2,070 3,240 242,505.90 74.85 .081 117.15 6.07 ROOM USE 2,012 3,176 130,228.90 41.00 .080 64.73 3.26

CROSSOVERS/ALL OTH OUTPTNT	2,313	8,168	258,414.69	31.64	.205	111.72	6.47
@COUNTY HOSPITAL TOTAL	14	65 \$	·	\$ 261.17	.002 \$	1212.56	
CO HOSPITAL INPATIENT TOTAL	4	13	14,940.00	1149.23	.000	3735.00	.37
HSC HOSPITALS	4	13	14,940.00	1149.23	.000	3735.00	.37
NON-HSC HOSPITALS TOTAL	Ô	10	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	Ü	Ü	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	11	52	2,035.85	39.15	.001	185.08	.05
MEDICAL	3	4	158.42	39.61	.000	52.81	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	21	285.97	13.62	.001	35.75	.01
RADIOLOGY	6	8	1,118.84	139.86	.000	186.47	.03
ROOM USE	6	8	310.37	38.80	.000	51.73	.01
CROSSOVERS/ALL OTH OUTPINT	6	11	162.25	14.75	.000	27.04	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN	2003 THRU DEC	2003	PAGE 18,323
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR	PUBLIC AS	SSISTANCE - DISABLED				
			_		MONT	HLY AVERAC	7E
					110111		-

39,920 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	COST PER	COST PER
		OR DAYS OF CARE	:		PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,620	33,880	\$	7,589,424.09	\$	224.01	.849	\$ 1350.43	\$ 190.12
COMM HOSP INPATIENT TOTAL	757	4,601		6,645,622.09		1444.39	.115	8778.89	166.47
HSC HOSPITALS	102	1,042		1,400,171.90		1343.74	.026	13727.18	35.07
NON-HSC HOSPITALS TOTAL	459	2,730		5,087,157.14		1863.43	.068	11083.13	127.43
ACCOMMODATIONS	457	2,730		1,217,885.53		446.11	.068	2664.96	30.51
ADMINISTRATIVE DAYS	33	394		89,534.78		227.25	.010	2713.18	2.24
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	447	2,336		1,128,350.75		483.03	.059	2524.27	28.27
ANCILLARIES	459	0		3,869,271.61		.00	.000	8429.79	96.93
INPATIENT CROSSOVERS	207	829		158,293.05		190.94	.021	764.70	3.97
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,265	29,279		943,802.00		32.23	.733	179.26	23.64
MEDICAL	1,667	3,180		158,872.12		49.96	.080	95.30	3.98
SURGERY	417	498		23,935.33		48.06	.012	57.40	.60
PATHOLOGY	2,141	11,044		131,436.52		11.90	.277	61.39	3.29
RADIOLOGY	2,066	3,232		241,387.06		74.69	.081	116.84	6.05
ROOM USE	2,009	3,168		129,918.53		41.01	.079	64.67	3.25
CROSSOVERS/ALL OTH OUTPTNT	2,311	8,157		258,252.44		31.66	.204	111.75	6.47
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	190	4,734	\$	729,219.43	\$	154.04	.119	\$ 3838.00	\$ 18.27
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	7	254		146,430.13		576.50	.006	20918.59	3.67
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	185	4,480		582,789.30		130.09	.112	3150.21	14.60
@INTERMEDIATE CARE FACILDD	12	365	\$	66,718.35	\$	182.79	.009	\$ 5559.86	\$ 1.67
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	12	365		66,718.35		182.79	.009	5559.86	1.67
@HEMODIALYSIS TOTAL	208	8,722	\$	361,458.82	\$	41.44	.218	\$	\$ 9.05
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	208	8,722		361,458.82		41.44	.218	1737.78	9.05

@REHABILITATION FACILITY	21	50 \$	2,053.93	\$ 41.08	.001	\$ 97.81	\$ .05
HOSPITAL BASED	17	46	1,941.87		.001	114.23	.05
INDEPENDENT FACILITY	4	4	112.06		.000		.00
@LABORATORY FACILITY	2,596	=					
	2,590	, - 1					•
PATHOLOGY	2,573	14,449	167,659.80		.362	65.16	4.20
XO AND OTHERS	23	33	350.24	10.61			.01
	10,018	19,137 \$	1,295,569.72	\$ 67.70			
CLINIC	182	809	19,197.19	23.73		105.48	. 48
SURGICENTER	130	475	21,001.16			161.55	.53
HEROIN DETOX CLINIC	8	105	1,245.64			155.71	.03
RURAL HEALTH CLINIC	9,790	17,748	1,254,125.73			128.10	31.42
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT I	REPORT FOR JAN	1 2003 THRU	DEC 2003	PAGE 18,324
	FEE-FOR-SERVICE						01/29/04
YUBA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC AS	SISTANCE - DISABLE	)			
						ONTHLY AVERA	
39,920 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ST UNITS/DAY		COST PER
		OR DAYS OF CARE			AY PER ELIG		ELIGIBLE
@ALL OTHER PROVIDERS	6,533	337,706 \$	1,378,233.29	\$ 4.08	8.460	\$ 210.96	\$ 34.52
DURABLE MED. EQUIP.	771	2,173	295,418.48	135.95	.054	383.16	7.40
BLOOD BANK							
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0 101	0 122	18,599.93	152.46			.00 .47
			18,599.93	152.46	.003		
	101	122	18,599.93	152.46 8.48	.003 .722	184.16	.47
MEDICAL TRANSPORTATION	101 1,169	122 28,810	18,599.93 244,232.10	152.46 8.48 18.75	.003 .722 .177	184.16 208.92	.47 6.12
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	101 1,169 939	122 28,810 7,060	18,599.93 244,232.10 132,359.86	152.46 8.48 18.75 4.29	.003 .722 .177 .526	184.16 208.92 140.96	.47 6.12 3.32
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	101 1,169 939 180 86 16	122 28,810 7,060 21,000	18,599.93 244,232.10 132,359.86 90,071.63	152.46 8.48 18.75 4.29 29.07	.003 .722 .177 .526	184.16 208.92 140.96 500.40	.47 6.12 3.32 2.26
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	101 1,169 939 180 86	122 28,810 7,060 21,000 750	18,599.93 244,232.10 132,359.86 90,071.63 21,800.61	152.46 8.48 18.75 4.29 29.07 17.82	.003 .722 .177 .526 .019	184.16 208.92 140.96 500.40 253.50	.47 6.12 3.32 2.26 .55
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	101 1,169 939 180 86 16	122 28,810 7,060 21,000 750 27	18,599.93 244,232.10 132,359.86 90,071.63 21,800.61 481.18	152.46 8.48 18.75 4.29 29.07 17.82 69.38	.003 .722 .177 .526 .019 .001	184.16 208.92 140.96 500.40 253.50 30.07	.47 6.12 3.32 2.26 .55 .01
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	101 1,169 939 180 86 16	122 28,810 7,060 21,000 750 27 17	18,599.93 244,232.10 132,359.86 90,071.63 21,800.61 481.18 1,179.41	152.46 8.48 18.75 4.29 29.07 17.82 69.38 105.00	.003 .722 .177 .526 .019 .001	184.16 208.92 140.96 500.40 253.50 30.07 393.14	.47 6.12 3.32 2.26 .55

0

2,275

255

25

450

448

0

721

351

0

25,589

0

266,037

5,614

0

.00

11.93

14.99

18.77

95.70

95.79

76.25

.00

38.51

119.14

.00

4.10

.00

.00

.64

307.69

15.21

.00

.000

.057

.006

.001

.011

.011

.000

.000

.018

.009

.000

.641

.000

.000

.000

6.664

.141 \$

.00

26.94

76.46

42.66

217.50

217.83

76.25

.00

123.94

.00

97.76

.00

75.65

1.153 \$ 141.64 \$

4162.30 \$

.00

.00

3216.81

.00

.68

.10

.01

1.08

1.07

.00

.00

.70

1.05

.00

2.63

.00

.00

.00

4.30

43.27

PAGE 18,325

01/29/04

.00

27,129.95

3,823.19

43,065.89

27,762.52

41,818.49

104,892.48

171,492.34

699,996.71

1,727,355.24

.00

.00

.00

.00

42,913.39

152.50

.00

469.21

@CALIF. CHILDREN SERVICES\* @XOVER EXCLUDING STATE HOSP\*\* 46,028 4,942 @\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

MOP024 FEE-FOR-SERVICE/DENTAL

OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

LOCAL EDUCATION AGENCIES

RESPIRATORY CARE PRACT.

ALL OTHER PROVIDERS

EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

PHYSICAL THERAPIST

PORTABLE X-RAY

PROSTHETICS

HOSPICE SERVICES

ORTHOTICS

PSYCHOLOGIST

OPTICIAN

YUBA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

0

50

11

197

0

13

1,073

0

2,267

415

0

Ω

0

1,007

----- MONTHLY AVERAGE -----71,899 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE 35,051 166,845 8,828,026.40 52.91 2.321 \$ 251.86 \$ 122.78 @TOTAL, ALL PROVIDERS \$ 6,477 712,352.51 .256 \$ 109.98 \$ @PHYSICIANS SERVICES 18,428 38.66 9.91 42.29 3,433 3,520 145,182.46 41.25 .049 2.02 OUTPATIENT VISITS OFFICE VISITS 2,912 2,956 106,668.00 36.09 .041 36.63 1.48

HOME VISITS	6	8	443.52	55.44	.000	73.92	.01
EMERGENCY ROOM	256	279	14,087.23	50.49	.004	55.03	.20
PREVENTIVE CARE	1	1	54.83	54.83	.000	54.83	.00
OB VISITS/COMPRE PERI	210	164	20,624.42	125.76	.002	98.21	.29
OTHER OUTPATIENT	104	112	3,304.46	29.50	.002	31.77	.05
INPATIENT VISITS	313	933	63,315.55	67.86	.013	202.29	.88
HOSPITAL VISITS	296	700	33,131.74	47.33	.010	111.93	.46
CRITICAL CARE	37	233	30,183.81	129.54	.003	815.78	.42
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	117	132	5,977.82	45.29	.002	51.09	.08
EXAMINATIONS	112	127	5,877.82	46.28	.002	52.48	.08
SERVICES AND MATERIALS	5	5	100.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	401	1,900	204,246.16	107.50	.026	509.34	2.84
PRINCIPAL SURGEON	230	276	158,582.21	574.57	.004	689.49	2.21
ASSISTANT SURGEON	49	49	8,182.01	166.98	.001	166.98	.11
ANESTHESIOLOGIST	198	1,575	37,481.94	23.80	.022	189.30	.52

OUTPATIENT SURGERY	498	1,594	90	,523.14		56.79		022		181.77		1.26
PRINCIPAL SURGEON	371	462	66	,538.36		144.02		006		179.35		.93
ASSISTANT SURGEON	6	6		457.15		76.19		000		76.19		.01
ANESTHESIOLOGIST	181	1,126	23	,527.63		20.89		016		129.99		.33
DIALYSIS	0	0		.00		.00		000		.00		.00
PATHOLOGY	342	435	4	,703.75		10.81		006		13.75		.07
RADIOLOGY	2,368	3,588	106	,882.61		29.79		050		45.14		1.49
PSYCHIATRY	1	1		73.29		73.29		000		73.29		.00
IMMUNIZATION AND INJECTION	134	235	7	,716.35		32.84		003		57.58		.11
OTHER SERVICES/ALL X-OVERS	1,047	6,090	83	,731.38		13.75		085		79.97		1.16
@PHARMACY	17,418	43,837 \$	2,516	,173.18	\$	57.40		610	\$	144.46	\$	35.00
PRESCRIPTION DRUGS	17,345	42,192	1,977	,279.38		46.86		587		114.00		27.50
SNF/ICF	4	10		455.15		45.52		000		113.79		.01
OUTPATIENTS	17,341	42,182	1,976	,824.23		46.86		587		114.00		27.49
MEDICAL SUPPLIES	322	1,645	538	,893.80		327.60		023		1673.58		7.50
@DENTIST	3,611	17,040 \$	579	,019.68	\$	33.98		237	\$	160.35	\$	8.05
VISITS - DIAGNOSTIC	2,510	10,841	165	,648.38		15.28		151		66.00		2.30
ORAL SURGERY	588	1,166	64	,391.55		55.22		016		109.51		.90
DRUGS	66	74	1	,500.00		20.27		001		22.73		.02
ANESTHESIA	41	41	3	,800.00		92.68		001		92.68		.05
PERIODONTICS	40	45	6	,037.00		134.16		001		150.93		.08
ENDODONTICS	290	703	81	,745.00		116.28		010		281.88		1.14
RESTORATIVE DENTISTRY	1,261	3,644	213	,709.50		58.65		051		169.48		2.97
PROSTHETICS	3	3		60.00		20.00		000		20.00		.00
DENTURES, STAYPLATES	39	126	15	,387.25		122.12		002		394.54		.21
SPACE MAINTAINERS	31	45	4	,699.00		104.42		001		151.58		.07
MAXILLOFACIAL SERVICES	9	9		442.00		49.11		000		49.11		.01
FRACTURES, DISLOCATIONS	1	0		.00		.00		000		.00		.00
ORTHODONTIC SERVICES	196	238	20	,550.00		86.34		003		104.85		.29
ALL OTHER SERVICES	71	105	1	,050.00		10.00		001		14.79		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-P	AYMENT RE	EPORT	FOR JAN	2003 Т	HRU	DEC	2003	PA	GE 18,326
MOP024	FEE-FOR-SERVICE/DENTA	L										01/29/04

10DN COONTI	BOTHMENT OF BEIN	TVICED TON TODALO	2 11001				7.0	ONTIT	TIT 37 A T T T T A	αп	
F1 000								-	HLY AVERA	ŒĽ.	~~~~~
71,899 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CAP	RЕ		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	857	2,295	\$	52,928.66	\$	23.06	.032	\$	61.76	\$	.74
DIAGNOSTIC AND ANC. PROCED	607	618		28,467.84		46.06	.009		46.90		.40
EYE APPLIANCES	592	1,673		24,350.41		14.55	.023		41.13		.34
OTHER OPTOMETRIC SERVICES	4	4		110.41		27.60	.000		27.60		.00
@CHIROPRACTOR	184	351	\$	5,789.30	\$	16.49	.005	\$	31.46	\$	.08
VISITS	184	351		5,789.30		16.49	.005		31.46		.08
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	11	22	\$	1,390.77	\$	63.22	.000	\$	126.43	\$	.02
MEDICINE/INJECTIONS	7	7		235.40		33.63	.000		33.63		.00
SURGERY/ANES.	1	3		716.86		238.95	.000		716.86		.01
RADIO./PATHOLOGY	4	7		121.10		17.30	.000		30.28		.00
OTHER	3	5		317.41		63.48	.000		105.80		.00
@HOME HEALTH AGENCY	175	259	\$	13,704.02	\$	52.91	.004	\$	78.31	\$	.19
NURSE ANESTHESIST	11	66	\$	1,251.24	\$	18.96	.001	\$	113.75	\$	.02
NURSE MIDWIFE	37	84	\$	29,766.55	\$	354.36	.001	\$	804.50	\$	.41
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1,309	3,099	\$	49,249.76	\$	15.89	.043	\$	37.62	\$	.68
@TOTAL HOSPITAL	5,282	23,629	\$	2,766,212.64	\$	117.07	.329	\$	523.71	\$	38.47
HOSP INPATIENT TOTAL	419	1,571		2,127,564.71		1354.27	.022		5077.72		29.59
HSC HOSPITALS	62	393		501,929.06		1277.17	.005		8095.63		6.98
NON-HSC HOSPITAL TOTAL	363	1,177		1,624,854.73		1380.51	.016		4476.18		22.60
ACCOMMODATIONS	362	1,177		450,256.80		382.55	.016		1243.80		6.26
ADMINISTRATIVE DAYS	0	, 0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

YUBA COUNTY

ALL OTHER ACCOM	362	1,177		450,256.80	382.55	.016	1243.80		6.26	
ANCILLARIES	363	0		1,174,597.93	.00	.000	3235.81		16.34	
INPATIENT CROSSOVERS	1	1		780.92	780.92	.000	780.92		.01	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00	
HOSP OUTPATIENT TOTAL	5,092	22,058		638,647.93	28.95	.307	125.42		8.88	
MEDICAL	1,790	2,404		114,143.95	47.48	.033	63.77		1.59	
SURGERY	480	565		28,339.48	50.16	.008	59.04		.39	
PATHOLOGY	1,866	7,019		89,163.12	12.70	.098	47.78		1.24	
RADIOLOGY	2,141	2,888		143,297.31	49.62	.040	66.93		1.99	
ROOM USE	3,009	4,044		162,365.30	40.15	.056	53.96		2.26	
CROSSOVERS/ALL OTH OUTPTNT	1,882	5,138		101,338.77	19.72	.071	53.85		1.41	
@COUNTY HOSPITAL TOTAL	14	88	\$	4,010.98	\$ 45.58	.001 \$	286.50	\$	.06	
CO HOSPITAL INPATIENT TOTAL	1	1		1,048.00	1048.00	.000	1048.00		.01	
HSC HOSPITALS	1	1		1,048.00	1048.00	.000	1048.00		.01	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00	
ANCILLARIES	0	0		.00	.00	.000	.00		.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00	
CO HOSP OUTPATIENT TOTAL	13	87		2,962.98	34.06	.001	227.92		.04	
MEDICAL	3	3		143.46	47.82	.000	47.82		.00	
SURGERY	6	6		133.92	22.32	.000	22.32		.00	
PATHOLOGY	6	33		633.89	19.21	.000	105.65		.01	
RADIOLOGY	2	3		320.20	106.73	.000	160.10		.00	
ROOM USE	10	18		763.25	42.40	.000	76.33		.01	
CROSSOVERS/ALL OTH OUTPTNT	10	24		968.26	40.34	.000	96.83		.01	
	MEDI-CAL SERVICES AND	EXPENDIT	URES MON'	TH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU DE	C 2003		E 18,327	
	FEE-FOR-SERVICE/DENTAL							(	01/29/04	
YUBA COUNTY	SUMMARY OF SERVICES FOR	R PUBLI	C ASSIST	ANCE - FAMILIES						
						MON	ITHLY AVERA	GE		

71,899 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST		COST PER	COST PER
,	0.0	OR DAYS OF CAR			PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,270	23,541	\$	2,762,201.66	\$ 117.34	.327	\$ 524.14	\$ 38.42
COMM HOSP INPATIENT TOTAL	418	1,570		2,126,516.71	1354.47	.022	5087.36	29.58
HSC HOSPITALS	61	392		500,881.06	1277.76	.005	8211.16	6.97
NON-HSC HOSPITALS TOTAL	363	1,177		1,624,854.73	1380.51	.016	4476.18	22.60
ACCOMMODATIONS	362	1,177		450,256.80	382.55	.016	1243.80	6.26
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	362	1,177		450,256.80	382.55	.016	1243.80	6.26
ANCILLARIES	363	0		1,174,597.93	.00	.000	3235.81	16.34
INPATIENT CROSSOVERS	1	1		780.92	780.92	.000	780.92	.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,081	21,971		635,684.95	28.93	.306	125.11	8.84
MEDICAL	1,787	2,401		114,000.49	47.48	.033	63.79	1.59
SURGERY	474	559		28,205.56	50.46	.008	59.51	.39
PATHOLOGY	1,861	6,986		88,529.23	12.67	.097	47.57	1.23
RADIOLOGY	2,139	2,885		142,977.11	49.56	.040	66.84	1.99
ROOM USE	3,000	4,026		161,602.05	40.14	.056	53.87	2.25
CROSSOVERS/ALL OTH OUTPINT	1,872	5,114		100,370.51	19.63	.071	53.62	1.40
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000		\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	5	13	\$	517.12	\$	39.78	.000	\$	103.42	\$	.01
HOSPITAL BASED	5	13		517.12		39.78	.000		103.42		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2,244	8,721	\$	121,700.58	\$	13.95	.121	\$	54.23	\$	1.69
PATHOLOGY	2,244	8,721		121,700.58		13.95	.121		54.23		1.69
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	12,716	20,726	\$	1,637,576.12	\$	79.01	.288	\$	128.78	\$	22.78
CLINIC	576	2,192		55,786.43		25.45	.030		96.85		.78
SURGICENTER	59	343		11,614.85		33.86	.005		196.86		.16
HEROIN DETOX CLINIC	4	56		631.27		11.27	.001		157.82		.01
RURAL HEALTH CLINIC	12,199	18,135		1,569,543.57		86.55	.252		128.66		21.83
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITU	JRES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PΑ	GE 18,328
MOP024	FEE-FOR-SERVICE/DENT	AL									01/29/04
YUBA COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	C ASSI	STANCE - FAMILIES							

----- MONTHLY AVERAGE -----71,899 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 5,798 28,275 \$ 340,394.27 \$ 12.04 .393 \$ 58.71 \$ @ALL OTHER PROVIDERS 4.73 296 0 2 DURABLE MED. EQUIP. 219 22,378.95 75.60 .004 102.19 .31 0 .00 BLOOD BANK .00 .00 .000 .00 2 558.70 17.83 HEARING AID DISPENSERS 1,117.40 .000 558.70 .02 4,161 4,152 1 8 49 MEDICAL TRANSPORTATION 506 74,210.58 .058 146.66 1.03 504 14.83 .058 122.19 AMBULANCES/AIR TRANS 61,584.29 26.29 26.29 OTHER TRANS 1 26.29 .000 .00 OTHER SERVICES 12,600.00 1575.00 1575.00 .000 .18 808.29 36.74 ACUPUNCTURE 16.50 .001 .01 0 59 0 .00 .00 ADULT DAY HEALTH CARE CTR .00 .000 .00 .09 GENETIC DISEASE TESTING 6,145.00 104.15 .001 104.15 0 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .000 .00 1,490 96 .00 OCCUPATIONAL THERAPIST 0 .00 .000 .00 .00 .00 13,956.53 675 21 0 OPTICIAN 9.37 .021 20.68 .19 .001 PHYSICAL THERAPIST 1,506.25 15.69 71.73 PORTABLE X-RAY 0 .00 .00 .000 .00 .00 125 121 4 6 10,055.40 .002 PROSTHETIST/ORTHOTISTS 80.44 80.17 80.44 116.92 .14 PROSTHETICS 9,700.64 .002 118.30 .13 88.69 .000 88.69 ORTHOTICS 354.76 .00 284.87 47.48 142.44 PSYCHOLOGIST 216 0 0 20,424 .000 SPEECH AND AUDIOLOGY 12,303.28 56.96 .003 114.98 .17 HOSPICE SERVICES .00 .00 .000 .00 .00 .000 .00 NONINST BIRTHING CENTERS 0 .00 .00 .00 .284 LOCAL EDUCATION AGENCIES 4,195 196,330.56 9.61 46.80 2.73 EPSDT SUPPLEMENTAL SERVICE .000 .00 0 .00 .00 .00 RESPIRATORY CARE PRACT. 0 .00 .00 .00 0 .000 .00 0 1,351 .00 .00 .000 .00 PED SUBACUTE REHAB/WEANING .00 1,297.16 ALL OTHER PROVIDERS

@CALIF. CHILDREN SERVICES\* .96 .019 64.86 .02 564,602.81 451.32 .017 \$ 3739.09 \$ 7.85 @XOVER EXCLUDING STATE HOSP\*\* 5 944.74 134.96 .000 \$ 188.95 \$ .01 \$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PAGE 18,329

----- MONTHLY AVERAGE -----

01/29/04

YUBA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

IODA COUNTI	SOMMAN OF SERVE	CED FOR FUBBLE ADDI	DIANCE TOTAL		MONT	HIV VILL	GF
120,354 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
•				PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS HOME VISITS	73.679	1,110,087 \$	38,111,398.70 2,038,022.48	\$ 34.33	9.224 \$	517.26	\$ 316.66
@PHYSICIANS SERVICES	17.115	58,290 \$	2,038,022.48	\$ 34.96	.484 \$	119.08	\$ 16.93
OUTPATIENT VISITS	7.021	8,305	313,592.30	37.76	.069	44.66	2.61
OFFICE VISITS	6 094	8,305 7,180	247,982.36	34.54	.060	40.69	2.06
HOME VISITS EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI	21	29 512	1,754.02	60.48	.000	83.52	.01
EMEDGENCY DOOM	440	51 2	28,453.53	55.57	.004	64.67	.24
DDEVENUTIVE CADE	1	512 1	54.83	57.57	.000	54.83	.00
OP VICITE/COMPRE DERI	241	151	22 041 72	151 27	.001	94.78	.19
OTHER OUTPATIENT	205	432	22,841.72 12,505.84	55.57 54.83 151.27 28.95	.001	32.48	.10
INPATIENT VISITS	303	3,746	12,505.64	20.93	.031	271.21	1.89
HOSPITAL VISITS	03/	3,740	227,001.37 139,210.29	46 12	.025	182.21	1.16
HOSPITAL CARE	/0 <del>1</del>	3,018 629	139,210.29	60.60 46.13 134.20 34.13 42.10 42.77	.025		.70
CRITICAL CARE	113	629	84,412.68	134.20		747.01	
SNF/ICF/TRANS IP CARE	49	99	3,378.40	34.13	.001	68.95	.03
OPHTHALMOLOGICAL SERVICES	368	441	18,565.70	42.10	.004	50.45	.15
EXAMINATIONS	355	428	18,305.70	42.77	.004	51.57	.15
SERVICES AND MATERIALS	13	441 428 13 4,131	260.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	788	4,131	423,958.05	102.63	.034	538.02	3.52
PRINCIPAL SURGEON	524	748	330,793.43	20.00 102.63 442.24	.006	631.29	2.75
ASSISTANT SURGEON	7,021 6,094 21 440 1 241 385 837 764 113 49 368 355 13 788 524 84	84	15,644.11	186.24	.001	186.24	.13
ANESTHESIOLOGIST	348	3,299	77,520.51	23.50	.027	222.76	.64
OUTPATIENT SURGERY	1,069	3,217	230,914.29	71.78	.027	216.01	1.92
PRINCIPAL SURGEON	826	1,057	181,444.97	171.66	.009	219.67	1.51
ASSISTANT SURGEON	22	23	2,678.13	116.44	.000	121.73	.02
INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS	339	2,137	46,791.19	142.24 186.24 23.50 71.78 171.66 116.44 21.90 95.95 15.71 34.97 46.43	.018	138.03	.39
DIALYSIS	97	2,137 275 1,184	26,386.35	95.95	.002	272.02	.22
PATHOLOGY	706	1,184	18,600.13	15.71	.010	26.35	.15
RADIOLOGY	5,203	9,404	328,820.14	34.97	.078	63.20	2.73
PSYCHIATRY	5	7	325.01	46.43 17.69 16.23		65.00	.00
IMMUNIZATION AND INJECTION	324	1,564	27,659.45	17.69	.013	85.37	.23
OTHER SERVICES/ALL X-OVERS	6,735	26,016	422,199.69	16.23	.216	62.69	3.51
@PHARMACY	49,515	419,360 \$	27,659.45 422,199.69 16,740,031.71 15,714,807.92 108,934.57	\$ 39.92	3.484 \$		
PRESCRIPTION DRUGS	49,056	181,505	15,714,807.92	86.58	1.508	320.34	130.57
SNF/ICF	257	2,070	108,934.57	52.63	.017	423.87	.91
OUTPATIENTS	48,843	179,435	13,003,013.33	00.57	1.491	319.51	129.67
MEDICAL SUPPLIES	3,781	237,855	1,025,223.79	4.31	1.976	271.15	8.52
@DENTIST	5,819	26,191 \$	1,033,301.28	\$ 39.45	.218 \$	177.57	\$ 8.59
VISITS - DIAGNOSTIC	3,846	15,984	234,971.53	14.70	.133	61.10	1.95
ORAL SURGERY	926	2,203	114,022.80	51.76	.018	123.13	.95
DRUGS	75	85 54	1,670.00 5,100.00 30,056.00	51.76 19.65 94.44	.001	22.27	.01
ANESTHESIA	54	54	5,100.00	94.44	.000	94.44	.04
PERIODONTICS	176	200 913 5,308	30 056 00	150.28 135.47 67.11	.002	170.77	.25
ENDODONTICS	430	913	123,683.00 356,234.20	135.47	.008	287.63	1.03
RESTORATIVE DENTISTRY	1,932	5,308	356,234.20	67.11	.044	184.39	2.96
PROSTHETICS	1,932 19 336 31	19 871	450 00	04 74	.000	24.74	.00
DENTURES, STAYPLATES	336	19 871 45	132,455.15	24.74 152.07 104.42 109.04	.007	394.21	1.10
SPACE MAINTAINERS	31 16	45	4,699.00	104.42	.000	151.58	.04
MAXILLOFACIAL SERVICES	16	16	1,744.60	109.04	.000	109.04	.01
FRACTURES, DISLOCATIONS	1	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	235	286	26,770.00	93.60	.002	113.91	.22
ALL OTHER SERVICES	104	207	1,425.00	6.88	.002	13.70	.01
#CALIF DEPT OF HEALTH SERV			ONTH-OF-PAYMENT RE		003 THRU DEC		PAGE 18,330
MOP024	FEE-FOR-SERVICE/						01/29/04
YUBA COUNTY		CES FOR PUBLIC ASSI	STANCE - TOTAL				
					MONTH	TTT 37 357555	CE.

120,354 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER CLIGIBLE
@OPTOMETRIST	2,122	5,983 \$	129,427.34	\$ 21.63	.050 \$	60.99	\$ 1.08
DIAGNOSTIC AND ANC. PROCED	1,134	1,184	52,693.24	44.50	.010	46.47	.44
EYE APPLIANCES	1,640	4,624	73,541.80	15.90	.038	44.84	.61
OTHER OPTOMETRIC SERVICES	110	175	3,192.30	18.24	.001	29.02	.03
@CHIROPRACTOR	512	1,165 \$	19,013.10	\$ 16.32	.010 \$	37.13	\$ .16
VISITS	485	1,112	18,425.44	16.57	.009	37.99	.15
OTHER SERVICES	27	53	587.66	11.09	.000	21.77	.00
@PODIATRIST	341	519 \$	8,734.66	\$ 16.83	.004 \$	25.61	\$ .07
MEDICINE/INJECTIONS	62	80	2,046.84	25.59	.001	33.01	.02
SURGERY/ANES.	1	3	716.86	238.95	.000	716.86	.01
RADIO./PATHOLOGY	7	12	207.60	17.30	.000	29.66	.00
OTHER	279	424	5,763.36	13.59	.004	20.66	.05
@HOME HEALTH AGENCY	375	3,322 \$	143,384.20	\$ 43.16	.028 \$	382.36	\$ 1.19
NURSE ANESTHESIST	32	334 \$	2,967.69	\$ 8.89	.003 \$	92.74	\$ .02

NOVER WITHOUT DESCRIPTIONED	32	00	Υ α	30,073.03	Ϋ́	340.30	.001		Ÿ	. 23
PEDIATRIC NURSE PRACTITIONER	0 2,440	0	Ş	.00	\$	.00	.000		Ş	.00
FAMILY NURSE PRACTITIONER	2,440	5,899 60,047	Ş	90,040.43	Ş	15.26	.049	36.90	Ş	.75
@TOTAL HOSPITAL	11,481 1,381	60,047	\$	10,932,759.38	\$	182.07	.499	952.25		90.84
HOSP INPATIENT TOTAL	1,301	6,987 1,464		9,307,180.65		1332.07	.058	6739.45		77.33
HSC HOSPITALS	172	1,464		1,932,918.33		1320.30	.012	11237.90		16.06
NON-HSC HOSPITAL TOTAL	863	1,464 4,084		7 090 052 36		1736 06	.034	8215.59		58.91
ACCOMMODATIONS	172 863 860 33	4,084		1 7/1 26/ 76		126 36	.034	2024.73		14.47
ADMINISTRATIVE DAYS	22	394		00 524 70		220.30	.003	2713.18		.74
ADMINISTRATIVE DATS	33	394		09,334.70		447.43	.003			
TRANSITIONAL IP CARE	0	0 3,690		.00		.00	.000 .031	.00		.00
ALL OTHER ACCOM	850	3,690		1,651,729.98		447.62	.031			13.72
ANCILLARIES	863	0		5,348,787.60		.00	.000	6197.90		44.44
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	364	1,439		90,040.43 10,932,759.38 9,307,180.65 1,932,918.33 7,090,052.36 1,741,264.76 89,534.78 .00 1,651,729.98 5,348,787.60 284,209.96 .00 1,625,578.73 275,758.60 53,317.19 222,648.75 388,222.77 295,326.24 390,305.18 21,008.70 15,988.00		197.51	.012	780.80		2.36
ALL OTHER INPATIENT	10,768 3,494	53,060		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL MEDICAL	10,768	53,060		1,625,578.73		30.64	.441	150.96		13.51
MEDICAL	3 494	5 632		275 758 60		48 96	047	78 92		2.29
SURGERY	908	1 078		53 317 19		49 46	009	58 72		.44
	4 054	10 226		222 649 75		10.10	150	.00 150.96 78.92 58.72 54.92		1.85
PATHOLOGY	4,054	10,230		222,040.75		12.21	.154	01 50		
RADIOLOGY	4,242	6,1/4		388,222.77		62.88	.051	91.52		3.23
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	5,054	7,272		295,326.24		40.61	.060	58.43		2.45
CROSSOVERS/ALL OTH OUTPINT	4,531	14,668		390,305.18		26.61	.122	86.14		3.24
@COUNTY HOSPITAL TOTAL	30	162	\$	222,648.75 388,222.77 295,326.24 390,305.18 21,008.70	\$	129.68	.001	700.29	\$	.17
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	5	14		15,988.00		1142.00	.000	3197.60		.13
HSC HOSPITALS	5	14		15,988.00		1142.00 1142.00	.000	3197.60		.13
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000			
ACCOMMODATIONS	0	0		.00		.00	000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	U		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	Ü		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	26	148		5.020.70		33.92	.001	193.10		.04
MEDICAL	30 5 5 0 0 0 0 0 0 0 0	7		301 88		43 13	000	.00 .00 .00 193.10 50.31 22.32 65.70		.00
SURGERY	6	6		133 02		22.22	000	20.31		.00
PATHOLOGY	1.4	E /		010 06		17 02	.000	6E 70		.01
	14	24		919.00		17.03	.000	170.00		.01
RADIOLOGY	8	11		1,439.04		130.82	.000	179.88 67.10		.01
ROOM USE	16	26		1,073.62		41.29	.000	67.10		.01
CROSSOVERS/ALL OTH OUTPTNT	18	44		1,152.38		26.19	.000	64.02		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	53,060 5,632 1,078 18,236 6,174 7,272 14,668 162 14 14 0 0 0 0 0 0 0 148 7 6 54 11 26 44 CES AND EXPENDITURE	ES M	IONTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2003 THRU D	EC 2003		PAGE 18,331
MOP024	FEE-FOR-SERVIC	E/DENTAL								01/29/04
YUBA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC A	ASSI	.00 .00 .00 .00 .00 .00 .00 .00 5,020.70 301.88 133.92 919.86 1,439.04 1,073.62 1,152.38 IONTH-OF-PAYMENT RI						
							MOI	NTHLY AVERA	GE	
120,354 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITIRES	ΔV	ERAGE COST				COST PER
120,331 1110111111	OBLIE	OR DAYS OF CARE						USER		
@COMMUNITY HOSPITAL TOTAL	11 461	59,885	ċ.	10,911,750.68	ė.	100 01	100	\$ 952.08	بع	90.66
@COMM HOOD TADAMTENM MOMAI	1 276	59,665	Ą	0 201 102 65	Ą	102.21	050			
COMM HOSP INPATIENT TOTAL	1,3/0	6,973		9,291,192.65		1332.45 1322.02 1736.06 426.36	.058	6752.32 11478.62 8215.59		77.20
HSC HOSPITALS	167 863 860	1,450		1,916,930.33		1322.02	.012	11478.62		15.93
NON-HSC HOSPITALS TOTAL	863	4,084		7,090,052.36		1736.06	.034	8215.59		58.91
ACCOMMODATIONS	860	4,084		1,741,264.76		426.36	.034	2024.73		14.47
ADMINISTRATIVE DAYS	33	394		89,534.78		227.25	.003	2713.18		.74
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	850	3,690		1,651,729.98		447.62	.031	1943.21		13.72
ANCILLARIES	863	0		5,348,787.60		.00	.000	6197.90		44.44
		1,439								
INPATIENT CROSSOVERS	364	•		284,209.96		197.51	.012	780.80		2.36
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	10,750	52,912		1,620,558.03		30.63	.440	150.75		13.46
MEDICAL	3,488	5,625		275,456.72		48.97	.047	78.97		2.29
SURGERY	902	1,072		53,183.27		49.61	.009	58.96		.44
PATHOLOGY	4,044	18,182		221,728.89		12.19	.151	54.83		1.84
	·	•		•						

88 \$ 30,673.69 \$ 348.56 .001 \$ 786.50 \$

.25

NURSE MIDWIFE

39

CROSSOVERS/ALL OTH OUTPINT	4,517	14,624		389,152.80		26.61	.122		86.15		3.23
CROSSOVERS/ALL OTH OUTPTNT  @STATE HOSPITAL  MENTALLY ILL  DEVELOP. DISABLED  @NURSING FACILITY  LEV A-INTERMEDIATE  LEV B-REHAB MD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	310	6,562	\$	1,040,093.39	Ś	158.50		Ś	3355.14	Ś	8.64
I.EV A-INTERMEDIATE	0	0	٧	.00	٧	.00	.000	٧	.00	٧	.00
TEN D DERNO MD	0	0		.00		.00	.000		.00		.00
TEA D GIDAGIME EDEEGMANDING	0	0		.00			.000				
LEV B-SUBACUIE FREESIANDING	Ū					.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	/	254		146,430.13		576.50	.002		20918.59		1.22
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	305	6,308		893,663.26		141.67	.052		2930.04		7.43
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD	12	365	\$	66,718.35	\$	182.79	.003	\$	5559.86	\$	.55
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	12	365		66,718.35		182.79	.003		5559.86		.55
@UEMODIALVEIC TOTAL	210	9,976	\$	477,505.46	\$			Ġ	1496.88	Ġ	3.97
WILEWOOTALISTS TOTAL	319	0,970	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
HOSPITAL BASED	210	-									
HEMODIALYSIS CENTER	319	9,976		477,505.46		47.87	.083	_	1496.88	_	3.97
@REHABILITATION FACILITY	26	63	\$	2,571.05	\$	40.81	.001	Ş		Ş	.02
HOSPITAL BASED	22	59		2,458.99		41.68	.000		111.77		.02
INDEPENDENT FACILITY	4	4 23,495		112.06		28.02	.000		28.02		.00
@LABORATORY FACILITY	4,913	23,495	\$	293,306.78	\$	12.48	.195	\$	59.70	\$	2.44
ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY	4,875	23,446		293,306.78 292,751.28		12.49	.195		60.05		2.43
XO AND OTHERS	38	49		555.50		11.34	.000		14.62		.00
@ORGANIZED OUTPATIENT CLINIC	23 933	41,989	\$		\$		.349	Ś		Ś	25.01
CLINIC	762	3,032	٧	75 696 44	٧	24.97	.025	Y	99.34	Y	.63
SURGICENTER	762 203	838		3,010,080.42 75,696.44 34,891.56		41.64	.007		171.88		. 29
	203										
HEROIN DETOX CLINIC	12 23,174	161		1,876.91 2,897,615.51		11.66	.001		156.41 125.04		.02
RURAL HEALTH CLINIC	23,174	37,958		7 897 615 51		76.34	.315				24.08
	- /										
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES M		EPORT			DEC			AGE 18,332
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITU E/DENTAL		ONTH-OF-PAYMENT RE	EPORT			DEC			AGE 18,332 01/29/04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITU		ONTH-OF-PAYMENT RE	EPORT		2003 THRU		2003	P	01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	CES AND EXPENDITU E/DENTAL		ONTH-OF-PAYMENT RE	EPORT				2003	P	01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	CES AND EXPENDITU E/DENTAL /ICES FOR PUBLIC	ASSI	ONTH-OF-PAYMENT RE		FOR JAN	2003 THRU	rnor	C 2003 CHLY AVERA	F AGE	01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY 120,354 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC UNITS OF SERVIC	! ASSI !E	ONTH-OF-PAYMENT RE	AVI	F FOR JAN	2003 THRU M UNITS/DAY	IONT	C 2003 CHLY AVERA COST PER	F AGE	01/29/04  COST PER
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY 120,354 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR	! ASSI !E .E	ONTH-OF-PAYMENT RESTANCE - TOTAL  EXPENDITURES	AVI PEI	F FOR JAN : ERAGE COST R UNIT/DAY	2003 THRU  M  UNITS/DAY  PER ELIG	IONT	C 2003 CHLY AVERA COST PER USER	F AGE	01/29/04  COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY 120,354 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITU E/DENTAL /ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 446,439	! ASSI !E	ONTH-OF-PAYMENT RESTANCE - TOTAL EXPENDITURES 2,052,767.29	AVI	FOR JAN : ERAGE COST R UNIT/DAY 4.60	2003 THRU  M UNITS/DAY PER ELIG 3.709	IONT	C 2003 CHLY AVERA COST PER USER 144.53	F AGE	01/29/04  COST PER ELIGIBLE 17.06
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY 120,354 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITUE/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC  OR DAYS OF CAR 446,439 2,632	! ASSI !E .E	ONTH-OF-PAYMENT RESTANCE - TOTAL EXPENDITURES 2,052,767.29 331,772.66	AVI PEI	FOR JAN : ERAGE COST R UNIT/DAY 4.60 126.05	2003 THRU  M UNITS/DAY PER ELIG 3.709 .022	IONT	CHLY AVERA COST PER USER 144.53 311.23	F AGE	01/29/04  COST PER ELIGIBLE 17.06 2.76
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY 120,354 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	CES AND EXPENDITU E/DENTAL /ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 446,439 2,632 0	ASSI E E \$	ONTH-OF-PAYMENT RESTANCE - TOTAL  EXPENDITURES  2,052,767.29 331,772.66	AVI PEI	FOR JAN : ERAGE COST R UNIT/DAY 4.60 126.05	2003 THRU  M UNITS/DAY PER ELIG 3.709 .022	IONT	CHLY AVERA COST PER USER 144.53 311.23 .00	F AGE \$	01/29/04  COST PER ELIGIBLE 17.06 2.76 .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  120,354 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEADING AND DISCENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  14,203 1,066 0	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 446,439 2,632 0 196	ASSI E E \$	ONTH-OF-PAYMENT RESTANCE - TOTAL  EXPENDITURES  2,052,767.29 331,772.66 .00 35,995.67	AVI PEI \$	ERAGE COST R UNIT/DAY 4.60 126.05 .00 183.65	2003 THRU  M UNITS/DAY PER ELIG 3.709 .022 .000 .002	IONT	CHLY AVERA COST PER USER 144.53 311.23 .00 232.23	F AGE \$	01/29/04  COST PER ELIGIBLE 17.06 2.76 .00 .30
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  120,354 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEADING AND DISCENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  14,203 1,066 0	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 446,439 2,632 0 196	ASSI E E \$	ONTH-OF-PAYMENT RESTANCE - TOTAL  EXPENDITURES  2,052,767.29 331,772.66 .00 35,995.67	AVI PEI \$	ERAGE COST R UNIT/DAY 4.60 126.05 .00 183.65 7.68	2003 THRU  M UNITS/DAY PER ELIG 3.709 .022 .000 .002 .415	IONT	CHLY AVERA COST PER USER 144.53 311.23 .00 232.23 205.98	F AGE \$	01/29/04 
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  120,354 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 14,203 1,066 0 155 1,864 1,474	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 446,439 2,632 0 196 49,966 11,412	ASSI E \$	ONTH-OF-PAYMENT RESTANCE - TOTAL  EXPENDITURES  2,052,767.29 331,772.66 .00 35,995.67 383,947.49 197,636.95	AVI PEI \$	ERAGE COST R UNIT/DAY 4.60 126.05 .00 183.65 7.68 17.32	2003 THRU  M UNITS/DAY PER ELIG 3.709 .022 .000 .002 .415 .095	IONT	CHLY AVERA COST PER USER 144.53 311.23 .00 232.23 205.98 134.08	F AGE \$	01/29/04 
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  120,354 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 14,203 1,066 0 155 1,864 1,474	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 446,439 2,632 0 196 49,966 11,412	ASSI E \$	ONTH-OF-PAYMENT RESTANCE - TOTAL  EXPENDITURES  2,052,767.29 331,772.66 .00 35,995.67 383,947.49 197,636.95 149,638.84	AVI PEI \$	ERAGE COST R UNIT/DAY 4.60 126.05 .00 183.65 7.68 17.32 4.03	2003 THRU  M UNITS/DAY PER ELIG 3.709 .022 .000 .002 .415 .095 .309	IONT	C 2003  CHLY AVERA COST PER USER 144.53 311.23 .00 232.23 205.98 134.08 507.25	F AGE \$	01/29/04 
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  120,354 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 14,203 1,066 0 155 1,864 1,474	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 446,439 2,632 0 196 49,966 11,412	ASSI E \$	ONTH-OF-PAYMENT RESTANCE - TOTAL  EXPENDITURES  2,052,767.29 331,772.66 .00 35,995.67 383,947.49 197,636.95	AVI PEI \$	ERAGE COST R UNIT/DAY 4.60 126.05 .00 183.65 7.68 17.32 4.03 26.21	2003 THRU  M UNITS/DAY PER ELIG 3.709 .022 .000 .002 .415 .095	IONT	C 2003  CHLY AVERA COST PER USER 144.53 311.23 .00 232.23 205.98 134.08 507.25 254.66	F AGE \$	01/29/04 
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  120,354 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 14,203 1,066 0 155 1,864 1,474	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 446,439 2,632 0 196 49,966 11,412	ASSI E \$	ONTH-OF-PAYMENT RESTANCE - TOTAL  EXPENDITURES  2,052,767.29 331,772.66 .00 35,995.67 383,947.49 197,636.95 149,638.84	AVI PEI \$	ERAGE COST R UNIT/DAY 4.60 126.05 .00 183.65 7.68 17.32 4.03	2003 THRU  M UNITS/DAY PER ELIG 3.709 .022 .000 .002 .415 .095 .309	IONT	C 2003  CHLY AVERA COST PER USER 144.53 311.23 .00 232.23 205.98 134.08 507.25	F AGE \$	01/29/04 
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  120,354 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 14,203 1,066 0 155 1,864 1,474	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 446,439 2,632 0 196 49,966 11,412	ASSI E \$	ONTH-OF-PAYMENT RESTANCE - TOTAL  EXPENDITURES  2,052,767.29 331,772.66 .00 35,995.67 383,947.49 197,636.95 149,638.84 36,671.70	AVI PEI \$	ERAGE COST R UNIT/DAY 4.60 126.05 .00 183.65 7.68 17.32 4.03 26.21 16.96	2003 THRU  M UNITS/DAY PER ELIG 3.709 .022 .000 .002 .415 .095 .309 .012 .001	IONT	C 2003  CHLY AVERA COST PER USER 144.53 311.23 .00 232.23 205.98 134.08 507.25 254.66 33.93	F AGE \$	01/29/04 
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  120,354 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 14,203 1,066 0 155 1,864 1,474	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 446,439 2,632 0 196 49,966 11,412	ASSI E \$	ONTH-OF-PAYMENT RESTANCE - TOTAL  EXPENDITURES  2,052,767.29 331,772.66 .00 35,995.67 383,947.49 197,636.95 149,638.84 36,671.70 1,357.06 14,542.59	AVI PEI \$	ERAGE COST R UNIT/DAY 4.60 126.05 .00 183.65 7.68 17.32 4.03 26.21 16.96 68.92	2003 THRU  M UNITS/DAY PER ELIG 3.709 .022 .000 .002 .415 .095 .309 .012 .001	IONT	CHLY AVERA COST PER USER 144.53 311.23 .00 232.23 205.98 134.08 507.25 254.66 33.93 1322.05	F AGE \$	01/29/04 
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  120,354 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 14,203 1,066 0 155 1,864 1,474	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 446,439 2,632 0 196 49,966 11,412	ASSI E \$	ONTH-OF-PAYMENT RESTANCE - TOTAL  EXPENDITURES  2,052,767.29 331,772.66 .00 35,995.67 383,947.49 197,636.95 149,638.84 36,671.70 1,357.06 14,542.59 6,985.00	AVI PEI \$	ERAGE COST R UNIT/DAY 4.60 126.05 .00 183.65 7.68 17.32 4.03 26.21 16.96 68.92	2003 THRU  M UNITS/DAY PER ELIG 3.709 .022 .000 .002 .415 .095 .309 .012 .001	IONT	CHLY AVERA COST PER USER 144.53 311.23 .00 232.23 205.98 134.08 507.25 254.66 33.93 1322.05 104.25	FAGE	01/29/04 COST PER ELIGIBLE 17.06 2.76 .00 .30 3.19 1.64 1.24 .30 .01 .12 .06
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  120,354 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 14,203 1,066 0 155 1,864 1,474	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 446,439 2,632 0 196 49,966 11,412	ASSI E \$	ONTH-OF-PAYMENT RESTANCE - TOTAL  EXPENDITURES  2,052,767.29 331,772.66 .00 35,995.67 383,947.49 197,636.95 149,638.84 36,671.70 1,357.06 14,542.59 6,985.00 528,704.32	AVI PEI \$	ERAGE COST R UNIT/DAY 4.60 126.05 .00 183.65 7.68 17.32 4.03 26.21 16.96 68.92 104.25 41.24	2003 THRU  M UNITS/DAY PER ELIG 3.709 .022 .000 .002 .415 .095 .309 .012 .001 .002	IOONT	CHLY AVERA COST PER USER 144.53 311.23 .00 232.23 205.98 134.08 507.25 254.66 33.93 1322.05 104.25 766.24	FAGE	01/29/04 COST PER ELIGIBLE 17.06 2.76 .00 .30 3.19 1.64 1.24 .30 .01 .12 .06 4.39
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  120,354 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 14,203 1,066 0 155 1,864 1,474	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 446,439 2,632 0 196 49,966 11,412	ASSI E \$	ONTH-OF-PAYMENT RESTANCE - TOTAL  EXPENDITURES  2,052,767.29 331,772.66 .00 35,995.67 383,947.49 197,636.95 149,638.84 36,671.70 1,357.06 14,542.59 6,985.00 528,704.32	AVI PEI \$	ERAGE COST R UNIT/DAY 4.60 126.05 .00 183.65 7.68 17.32 4.03 26.21 16.96 68.92 104.25 41.24 .00	2003 THRU  M UNITS/DAY PER ELIG 3.709 .022 .000 .002 .415 .095 .309 .012 .001 .002 .001 .107 .000	IOONT	CHLY AVERA COST PER USER 144.53 311.23 .00 232.23 205.98 134.08 507.25 254.66 33.93 1322.05 104.25 766.24	FAGE	01/29/04 COST PER ELIGIBLE 17.06 2.76 .00 .30 3.19 1.64 1.24 .30 .01 .12 .06 4.39 .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  120,354 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 14,203 1,066 0 155 1,864 1,474	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 446,439 2,632 0 196 49,966 11,412	ASSI E \$	ONTH-OF-PAYMENT RESTANCE - TOTAL  EXPENDITURES  2,052,767.29 331,772.66 .00 35,995.67 383,947.49 197,636.95 149,638.84 36,671.70 1,357.06 14,542.59 6,985.00 528,704.32 .00 46,521.67	AVI PEI \$	ERAGE COST R UNIT/DAY 4.60 126.05 .00 183.65 7.68 17.32 4.03 26.21 16.96 68.92 104.25 41.24 .00 11.16	2003 THRU  M UNITS/DAY PER ELIG 3.709 .022 .000 .002 .415 .095 .309 .012 .001 .002 .001 .107 .000 .035	MONT	CHLY AVERA COST PER USER 144.53 311.23 .00 232.23 205.98 134.08 507.25 254.66 33.93 1322.05 104.25 766.24 .00 25.04	FAGE	01/29/04 COST PER ELIGIBLE 17.06 2.76 .00 .30 3.19 1.64 1.24 .30 .01 .12 .06 4.39 .00 .39
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  120,354 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 14,203 1,066 0 155 1,864 1,474	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 446,439 2,632 0 196 49,966 11,412	ASSI E \$	ONTH-OF-PAYMENT RESTANCE - TOTAL  EXPENDITURES  2,052,767.29 331,772.66 .00 35,995.67 383,947.49 197,636.95 149,638.84 36,671.70 1,357.06 14,542.59 6,985.00 528,704.32 .00 46,521.67 5,336.79	AVI PEI \$	ERAGE COST R UNIT/DAY 4.60 126.05 .00 183.65 7.68 17.32 4.03 26.21 16.96 68.92 104.25 41.24 .00 11.16 14.91	2003 THRU  M UNITS/DAY PER ELIG 3.709 .022 .000 .002 .415 .095 .309 .012 .001 .002 .001 .107 .000 .035 .003	MONT	CHLY AVERA COST PER USER 144.53 311.23 .00 232.23 205.98 134.08 507.25 254.66 33.93 1322.05 104.25 766.24 .00 25.04 72.12	FAGE	01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  120,354 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  14,203 1,066 0 155 1,864 1,474 295 144 40 11 67 690 0 1,858 74 13	CES AND EXPENDITURE/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC  OR DAYS OF CAR  446,439  2,632  0  196  49,966  11,412  37,155  1,399  80  211  67  12,820  0  4,167  358  29	ASSI E \$	ONTH-OF-PAYMENT RESTANCE - TOTAL  EXPENDITURES  2,052,767.29 331,772.66 .00 35,995.67 383,947.49 197,636.95 149,638.84 36,671.70 1,357.06 14,542.59 6,985.00 528,704.32 .00 46,521.67 5,336.79 473.24	AVI PEI \$	ERAGE COST R UNIT/DAY 4.60 126.05 .00 183.65 7.68 17.32 4.03 26.21 16.96 68.92 104.25 41.24 .00 11.16 14.91 16.32	2003 THRU  M UNITS/DAY PER ELIG 3.709 .022 .000 .002 .415 .095 .309 .012 .001 .002 .001 .107 .000 .035 .003	MONT	CHLY AVERA COST PER USER 144.53 311.23 .00 232.23 205.98 134.08 507.25 254.66 33.93 1322.05 104.25 766.24 .00 25.04 72.12 36.40	FAGE	01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  120,354 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  14,203 1,066 0 155 1,864 1,474 295 144 40 11 67 690 0 1,858 74 13 308	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 446,439 2,632 0 196 49,966 11,412 37,155 1,399 80 211 67 12,820 4,167 358 29 638	ASSI E \$	ONTH-OF-PAYMENT RESTANCE - TOTAL  EXPENDITURES  2,052,767.29 331,772.66 .00 35,995.67 383,947.49 197,636.95 149,638.84 36,671.70 1,357.06 14,542.59 6,985.00 528,704.32 .00 46,521.67 5,336.79 473.24 57,653.03	AVI PEI \$	ERAGE COST R UNIT/DAY 4.60 126.05 .00 183.65 7.68 17.32 4.03 26.21 16.96 68.92 104.25 41.24 .00 11.16 14.91 16.32 90.37	2003 THRU  M UNITS/DAY PER ELIG 3.709 .022 .000 .002 .415 .095 .309 .012 .001 .002 .001 .107 .000 .035 .003	MONT	CHLY AVERA COST PER USER 144.53 311.23 .00 232.23 205.98 134.08 507.25 254.66 33.93 1322.05 104.25 766.24 .00 25.04 72.12 36.40 187.19	FAGE	01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  120,354 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  14,203 1,066 0 155 1,864 1,474 295 144 40 11 67 690 0 1,858 74 13	CES AND EXPENDITURE/DENTAL VICES FOR PUBLIC  UNITS OF SERVIC  OR DAYS OF CAR  446,439  2,632  0  196  49,966  11,412  37,155  1,399  80  211  67  12,820  0  4,167  358  29	ASSI E \$	ONTH-OF-PAYMENT RESTANCE - TOTAL  EXPENDITURES  2,052,767.29 331,772.66 .00 35,995.67 383,947.49 197,636.95 149,638.84 36,671.70 1,357.06 14,542.59 6,985.00 528,704.32 .00 46,521.67 5,336.79 473.24 57,653.03 57,145.77	AVI PEI \$	ERAGE COST R UNIT/DAY 4.60 126.05 .00 183.65 7.68 17.32 4.03 26.21 16.96 68.92 104.25 41.24 .00 11.16 14.91 16.32 90.37 90.42	2003 THRU  M UNITS/DAY PER ELIG 3.709 .022 .000 .002 .415 .095 .309 .012 .001 .002 .001 .107 .000 .035 .003	MONT	CHLY AVERA COST PER USER 144.53 311.23 .00 232.23 205.98 134.08 507.25 254.66 33.93 1322.05 104.25 766.24 .00 25.04 72.12 36.40 187.19 188.60	FAGE	01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  120,354 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  14,203 1,066 0 155 1,864 1,474 295 144 40 11 67 690 0 1,858 74 13 308	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 446,439 2,632 0 196 49,966 11,412 37,155 1,399 80 211 67 12,820 4,167 358 29 638	ASSI E \$	ONTH-OF-PAYMENT RESTANCE - TOTAL  EXPENDITURES  2,052,767.29 331,772.66 .00 35,995.67 383,947.49 197,636.95 149,638.84 36,671.70 1,357.06 14,542.59 6,985.00 528,704.32 .00 46,521.67 5,336.79 473.24 57,653.03 57,145.77 507.26	AVI PEI \$	ERAGE COST R UNIT/DAY 4.60 126.05 .00 183.65 7.68 17.32 4.03 26.21 16.96 68.92 104.25 41.24 .00 11.16 14.91 16.32 90.37	2003 THRU  M UNITS/DAY PER ELIG 3.709 .022 .000 .002 .415 .095 .309 .012 .001 .002 .001 .107 .000 .035 .003	MONT	CHLY AVERA COST PER USER 144.53 311.23 .00 232.23 205.98 134.08 507.25 254.66 33.93 1322.05 104.25 766.24 .00 25.04 72.12 36.40 187.19	FAGE	01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  120,354 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  14,203 1,066 0 155 1,864 1,474 295 144 40 11 67 690 0 1,858 74 13 308 303	CES AND EXPENDITU E/DENTAL VICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 446,439 2,632 0 196 49,966 11,412 37,155 1,399 80 211 67 12,820 0 4,167 358 29 638	ASSI E \$	ONTH-OF-PAYMENT RESTANCE - TOTAL  EXPENDITURES  2,052,767.29 331,772.66 .00 35,995.67 383,947.49 197,636.95 149,638.84 36,671.70 1,357.06 14,542.59 6,985.00 528,704.32 .00 46,521.67 5,336.79 473.24 57,653.03 57,145.77 507.26	AVI PEI \$	ERAGE COST R UNIT/DAY 4.60 126.05 .00 183.65 7.68 17.32 4.03 26.21 16.96 68.92 104.25 41.24 .00 11.16 14.91 16.32 90.37 90.42	2003 THRU  M UNITS/DAY PER ELIG 3.709 .022 .000 .002 .415 .095 .309 .012 .001 .002 .001 .107 .000 .035 .003	MONT	CHLY AVERA COST PER USER 144.53 311.23 .00 232.23 205.98 134.08 507.25 254.66 33.93 1322.05 104.25 766.24 .00 25.04 72.12 36.40 187.19 188.60	FAGE	01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  120,354 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  14,203 1,066 0 155 1,864 1,474 295 144 40 11 67 690 0 1,858 74 13 308 303 6 2	CES AND EXPENDITU E/DENTAL /ICES FOR PUBLIC UNITS OF SERVIC OR DAYS OF CAR 446,439 2,632 0 196 49,966 11,412 37,155 1,399 80 211 67 12,820 0 4,167 358 29 638 632 6	ASSI E \$	ONTH-OF-PAYMENT RESTANCE - TOTAL  EXPENDITURES  2,052,767.29 331,772.66 .00 35,995.67 383,947.49 197,636.95 149,638.84 36,671.70 1,357.06 14,542.59 6,985.00 528,704.32 .00 46,521.67 5,336.79 473.24 57,653.03 57,145.77 507.26 284.87	AVI PEI \$	ERAGE COST R UNIT/DAY 4.60 126.05 .00 183.65 7.68 17.32 4.03 26.21 16.96 68.92 104.25 41.24 .00 11.16 14.91 16.32 90.37 90.42 84.54 47.48	2003 THRU  M UNITS/DAY PER ELIG 3.709 .022 .000 .002 .415 .095 .309 .012 .001 .107 .000 .035 .003 .000 .005 .005	MONT	CHLY AVERA COST PER USER 144.53 311.23 .00 232.23 205.98 134.08 507.25 254.66 33.93 1322.05 104.25 766.24 .00 25.04 72.12 36.40 187.19 188.60 84.54 142.44	FAGE	01/29/04 COST PER ELIGIBLE 17.06 2.76 .00 .30 3.19 1.64 1.24 .30 .01 .12 .06 4.39 .00 .39 .04 .00 .48 .47 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  120,354 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  14,203 1,066 0 155 1,864 1,474 295 144 40 11 67 690 0 1,858 74 13 308 303 6 2 361	CES AND EXPENDITURE/DENTAL //ICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 446,439 2,632 0 196 49,966 11,412 37,155 1,399 80 211 67 12,820 0 4,167 358 29 638 632 6 6 988	ASSI E \$	ONTH-OF-PAYMENT RESTANCE - TOTAL  EXPENDITURES  2,052,767.29 331,772.66 .00 35,995.67 383,947.49 197,636.95 149,638.84 36,671.70 1,357.06 14,542.59 6,985.00 528,704.32 .00 46,521.67 5,336.79 473.24 57,653.03 57,145.77 507.26 284.87 43,006.86	AVI PEI \$	ERAGE COST R UNIT/DAY 4.60 126.05 .00 183.65 7.68 17.32 4.03 26.21 16.96 68.92 104.25 41.24 .00 11.16 14.91 16.32 90.37 90.42 84.54 47.48 43.53	2003 THRU  M UNITS/DAY PER ELIG 3.709 .022 .000 .002 .415 .095 .309 .012 .001 .002 .001 .107 .000 .035 .003 .000 .005 .005	MONT	CHLY AVERA COST PER USER 144.53 311.23 .00 232.23 205.98 134.08 507.25 254.66 33.93 1322.05 104.25 766.24 .00 25.04 72.12 36.40 187.19 188.60 84.54 142.44 119.13	FAGE	01/29/04 COST PER ELIGIBLE 17.06 2.76 .00 .30 3.19 1.64 1.24 .30 .01 .12 .06 4.39 .00 .39 .04 .00 .48 .47 .00 .00 .36
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  120,354 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  14,203 1,066 0 155 1,864 1,474 295 144 40 11 67 690 0 1,858 74 13 308 303 6 2 361 18	CES AND EXPENDITURE/DENTAL FIDENTAL FID	ASSI E \$	ONTH-OF-PAYMENT RESTANCE - TOTAL  EXPENDITURES  2,052,767.29 331,772.66 .00 35,995.67 383,947.49 197,636.95 149,638.84 36,671.70 1,357.06 14,542.59 6,985.00 528,704.32 .00 46,521.67 5,336.79 473.24 57,653.03 57,145.77 507.26 284.87 43,006.86 57,594.60	AVI PEI \$	ERAGE COST R UNIT/DAY 4.60 126.05 .00 183.65 7.68 17.32 4.03 26.21 16.96 68.92 104.25 41.24 .00 11.16 14.91 16.32 90.37 90.42 84.54 47.48 43.53 116.59	2003 THRU  M UNITS/DAY PER ELIG 3.709 .022 .000 .002 .415 .095 .309 .012 .001 .002 .001 .002 .001 .003 .005 .003 .000 .005 .000 .008 .004	MONT	CHLY AVERAL COST PER USER 144.53 311.23 .00 232.23 205.98 134.08 507.25 254.66 33.93 1322.05 104.25 766.24 .00 25.04 72.12 36.40 187.19 188.60 84.54 142.44 119.13 3199.70	FAGE	01/29/04 COST PER ELIGIBLE 17.06 2.76 .00 .30 3.19 1.64 1.24 .30 .01 .12 .06 4.39 .00 .39 .04 .00 .48 .47 .00 .00 .36 .48
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  120,354 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  14,203 1,066 0 155 1,864 1,474 295 144 40 11 67 690 0 1,858 74 13 308 303 6 2 361	CES AND EXPENDITURE/DENTAL //ICES FOR PUBLIC  UNITS OF SERVIC OR DAYS OF CAR 446,439 2,632 0 196 49,966 11,412 37,155 1,399 80 211 67 12,820 0 4,167 358 29 638 632 6 6 988	ASSI E \$	ONTH-OF-PAYMENT RESTANCE - TOTAL  EXPENDITURES  2,052,767.29 331,772.66 .00 35,995.67 383,947.49 197,636.95 149,638.84 36,671.70 1,357.06 14,542.59 6,985.00 528,704.32 .00 46,521.67 5,336.79 473.24 57,653.03 57,145.77 507.26 284.87 43,006.86	AVI PEI \$	ERAGE COST R UNIT/DAY 4.60 126.05 .00 183.65 7.68 17.32 4.03 26.21 16.96 68.92 104.25 41.24 .00 11.16 14.91 16.32 90.37 90.42 84.54 47.48 43.53	2003 THRU  M UNITS/DAY PER ELIG 3.709 .022 .000 .002 .415 .095 .309 .012 .001 .002 .001 .107 .000 .035 .003 .000 .005 .005	MONT	CHLY AVERA COST PER USER 144.53 311.23 .00 232.23 205.98 134.08 507.25 254.66 33.93 1322.05 104.25 766.24 .00 25.04 72.12 36.40 187.19 188.60 84.54 142.44 119.13	FAGE	01/29/04 COST PER ELIGIBLE 17.06 2.76 .00 .30 3.19 1.64 1.24 .30 .01 .12 .06 4.39 .00 .39 .04 .00 .48 .47 .00 .00 .36

6,163 7,246 14,624

386,783.73

294,252.62

389,152.80

62.76

40.61

26.61

.051

.060

.122

91.31 58.36

86.15

3.21

2.44

3.23

4,236

5,042

4,517

RADIOLOGY

CROSSOVERS/ALL OTH OUTPTNT

ROOM USE

LOCAL EDUCATION AGENCIES	5,283	46,186	302,044.73	6.54	.384	57.17	2.51
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	3,481	327,601	236,546.71	.72	2.722	67.95	1.97
@CALIF. CHILDREN SERVICES*	578	7,209	\$ 2,309,150.93	\$ 320.32	.060	\$ 3995.07	\$ 19.19
@XOVER EXCLUDING STATE HOSP**	7,731	62,068	\$ 1,149,444.00	\$ 18.52	.516	\$ 148.68	\$ 9.55

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,333 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X YUBA COUNTY ----- MONTHLY AVERAGE -----USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 2,903 ELIGIBLES UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2,193 519 23,411 \$ 1,068,370.78 \$ 45.64 @TOTAL, ALL PROVIDERS 8.064 \$ 487.17 \$ 368.02 

 1,068,370.78
 \$ 45.64
 8.064

 33,830.29
 \$ 22.74
 .513

 1,860.24
 37.20
 .017

 1,747.29
 36.40
 .017

 .00
 .00
 .000

 .00
 .00
 .000

 .00
 .00
 .000

 .00
 .00
 .000

 .00
 .00
 .000

 3,550.16
 60.17
 .020

 1,800.26
 43.91
 .014

 1,749.90
 97.22
 .006

 .00
 .00
 .000

 568.37
 51.67
 .004

 568.37
 51.67
 .004

 .00
 .00
 .000

 1,146.30
 60.33
 .007

 723.75
 120.63
 .002

 .00
 .00
 .000

 42.518.61
 193.74
 .004

 2,358.62
 336.95
 .002

 .00
 .00
 .000

 159.99
 26.67
 .002

 889.16
 63.51
 .005

 72.27
 2.58
 .010
 </t .513 \$ 65.18 \$ 1,488 22.74 @PHYSICIANS SERVICES 33,830.29 \$ 11.65 39 50 OUTPATIENT VISITS 47.70 38 45.98 OFFICE VISITS 0 Ο .00 HOME VISITS .00 EMERGENCY ROOM
PREVENTIVE CARE 112.95 .04 0 .00 .00 .00 OB VISITS/COMPRE PERI .00 .00 OTHER OUTPATIENT 59 41 18 .00 INPATIENT VISITS 591.69 1.22 300.04 583.30 HOSPITAL VISITS . 62 CRITICAL CARE .60 SNF/ICF/TRANS IP CARE 0 .00 11 11 0 OPHTHALMOLOGICAL SERVICES 63.15 .20 EXAMINATIONS 63.15 .20 .00 SERVICES AND MATERIALS .00 19 .39 INPATIENT HOSPITAL SURGERY 286.58 180.94 PRINCIPAL SURGEON ASSISTANT SURGEON 0 .00 .00 13 13 ANESTHESIOLOGIST 211.28 .15 13 7 0 OUTPATIENT SURGERY 314.83 PRINCIPAL SURGEON 336.95 .81 ASSISTANT SURGEON .00 .00 14 28 159.99 222.29 159.99 ANESTHESIOLOGIST .06 DIALYSIS .31 18.07 PATHOLOGY .02 RADIOLOGY 0 0 0 1,230 9,806 \$ 92.87 .80 .00 .00 PSYCHIATRY .00 .000 IMMUNIZATION AND INJECTION 0 .00 .00 .00 OTHER SERVICES/ALL X-OVERS 454 20,903.47 16.99 .424 46.04 7.20 517,775.44 \$ 52.80 1,763 3.378 \$ 293.69 \$ 178.36 @PHARMACY 507,381.76 18,561.86 488,819.90 10,393.68 77.05 45.61 47.05 47.05 45.61 48.819.90 79.12 10,393.68 PRESCRIPTION DRUGS 1,748 6,585 2.268 290.26 174.78 SNF/ICF 67 407 .140 277.04 6.39 6,178 OUTPATIENTS 1,684 2.128 290.27 168.38 3,221 MEDICAL SUPPLIES 134 3.23 1.110 77.56 416 24,102.00 \$ 57.94 .143 \$ 106 227.38 \$ @DENTIST 8.30 181 97 14.90 .062 41.62 .033 .00 .000 .00 .000 43.60 .003 VISITS - DIAGNOSTIC 57 2,697.00 14.90 47.32 .93 97 ORAL SURGERY 22 4.037.00 41.62 183.50 1.39 .00 1 .00 .00 **DRUGS** 1 .00 1 0 .00 .00 ANESTHESIA 10 7 55 1,436.00 PERIODONTICS 10 143.60 143.60 .49 5 1,515.00 216.43 .002 303.00 ENDODONTICS .52 3,847.00 69.95 .019 174.86 1.33 RESTORATIVE DENTISTRY PROSTHETICS Ω 0 .00 .00 .000 .00 .00

DENTURES, STAYPLATES	25	65	10,570.00	162.62	.022	422.80	3.64
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DEC	2003	PAGE 18,334
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/29/04
YUBA COUNTY	SUMMARY OF SERVICES	FOR MN - NO SOC	- AGED AID CODE	14 1H 1U	1X		
					MONT	HLY AVERAG	E
0 000						~~~	~~~

YUBA COUNTY	SUMMARY OF SERV	ICES FOR MN - NO SOC -	AGED AID	CODE 14 IH IU	IX		~-
0.000 51 56551 56	Hanna				MON		
2,903 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS		
	5.0	OR DAYS OF CARE	0 0 0 1 1 0 0	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	58	140 \$	2,971.38	\$ 21.22	.048 \$		\$ 1.02
DIAGNOSTIC AND ANC. PROCED	8	8	327.29	40.91	.003	40.91	.11
EYE APPLIANCES	42	119	2,091.30	17.57	.041	49.79	.72
OTHER OPTOMETRIC SERVICES	14	13	552.79	42.52	.004		
@CHIROPRACTOR	4	6 \$	98.14	\$ 16.36	.002 \$		
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	4	6	98.14	16.36	.002	24.54	.03
@PODIATRIST	15	24 \$	366.37	\$ 15.27	.008 \$	24.42	\$ .13
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	15	24	366.37	15.27	.008	24.42	.13
@HOME HEALTH AGENCY	1	4 \$	299.44	\$ 74.86	.001 \$		\$ .10
NURSE ANESTHESIST	1		71.85	\$ 23.95	.001 \$		\$ .02
NURSE MIDWIFE	0	0 \$	00	\$ .00	.000 \$	.00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$	00	\$ 00	.000 \$		\$ .00
FAMILY NIESE DRACTITIONER	O	0 ¢	00	\$ 00	.000 \$	.00	\$ .00
ATOTAL HOSDITAL	1 8 1	736 \$	139 330 41	¢ 189 31	254 ¢	769 78	<b>ሩ 4</b> 8 በበ
UCCD INDATIFATE TOTAL	101	750 Ş 1E1	100 750 04	700.72	.052	709.70	41.60
HOSP INPALLENT TOTAL	1	151	120,759.64	199.13	.001	2744.54 3900.00 28045.94 7418.90 2216.40	1.34
HSC HOSPITALS	Τ	4	3,900.00	9/5.00	.001	3900.00	1.34
NON-HSC HOSPITAL TOTAL	3	4 /	84,13/.81	1/90.1/	.016	28045.94	28.98
ACCOMMODATIONS	3	4 /	22,256.69	4/3.55	.016	7418.90	7.67
ADMINISTRATIVE DAYS	1	10	2,216.40	221.64	.003	2216.40	.76
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	37	20,040.29	541.63	.013	6680.10	6.90
ANCILLARIES	3	0	61,881.12	.00	.000	20627.04	21.32
INPATIENT CROSSOVERS	40	100	32,722.03	327.22	.034	818.05	11.27
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	144	585	18,570.57	31.74	.202	818.05 .00 128.96	6.40
MEDICAL	13	26	952.51	36.64	.009	73.27	.33
SURGERY	4	5	373.80	74.76	.002	93.45	.13
PATHOLOGY	15	55	595.61	10.83	.019	39.71	.21
RADIOLOGY	19	27	1,775.11	65.74	.009	93.43	.61
ROOM USE	12	20	1,122.37	56.12	.007	93.45 39.71 93.43 93.53	.39
CROSSOVERS/ALL OTH OUTPTNT	118	452	13,751.17	30.42	.156	116.54	4.74
@COUNTY HOSPITAL TOTAL	2	11 \$	257.66	\$ 23.42	.004 \$	128.83	\$ .09
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	. 00	. 00	.000		1 2 2
NON-HSC HOSPITALS TOTAL	0	0	00	00	.000	.00 .00 .00 .00 .00 .00 .00 .00 128.83 38.42	.00
ACCOMMODATIONS	0	0	00	00	000	00	.00
ADMINICURATION DAVO	0	0	00	00	000	00	.00
TRANSITTONAL TO CARE	0	0	00	00	000	.00	.00
VII OLRED VCCOM	0	0	.00	.00	000	.00	.00
ANDLIADIEC	0	0	.00	.00	.000	.00	.00
ANCILLARIES	U	0	.00	.00	.000	.00	.00
INPAILENI CKUSSUVEKS	U	U	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	U	.00	.00	.000	.00	.00
QOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ### HOSP INPATIENT TOTAL HOSP INPATIENT TOTAL HOSP INPATIENT TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER INPATIENT TOTAL HEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	2	11	257.66	23.42	.004	128.83	.09
MEDICAL	2	4	76.83	19.21	.001	38.42	.03

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	4.40	4.40	.000	4.40	.00
RADIOLOGY	1	1	24.39	24.39	.000	24.39	.01
ROOM USE	2	4	139.76	34.94	.001	69.88	.05
CROSSOVERS/ALL OTH OUTPINT	1	1	12.28	12.28	.000	12.28	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES N	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DE	C 2003	PAGE 18,335
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/29/04
YUBA COUNTY	SUMMARY OF SERVIC	ES FOR MN - NO SOC	C - AGED AID	CODE 14 1H 1U	1X		
					MON	THLY AVERAG	E
2,903 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	179	725 \$	139,072.75	\$ 191.82	.250 \$	776.94	\$ 47.91
COMM HOSP INPATIENT TOTAL	44	151	120,759.84	799.73	.052	2744.54	41.60
HSC HOSPITALS	1	4	3,900.00	975.00	.001	3900.00	1.34
NON-HSC HOSPITALS TOTAL	3	47	84,137.81	1790.17	.016	28045.94	28.98
ACCOMMODATIONS	3	47	22,256.69	473.55	.016	7418.90	7.67

ADMINISTRATIVE DAYS	1	10		2,216.40	2:	21.64	.0	03		2216.40		.76
TRANSITIONAL IP CARE	0	0		.00		.00	. 0			.00		.00
ALL OTHER ACCOM	3	37		20,040.29	5.	41.63	. 0			6680.10		6.90
ANCILLARIES	3	0		61,881.12	J	.00	. 0			20627.04		21.32
INPATIENT CROSSOVERS	40	100		32,722.03	3	27.22	.0			818.05		11.27
ALL OTHER INPATIENT	0	0		.00		.00	.0			.00		.00
COMM HOSP OUTPATIENT TOTAL	142	574		18,312.91		31.90	.1			128.96		6.31
MEDICAL	11	22		875.68		39.80	. 0			79.61		.30
SURGERY	4	5		373.80		74.76	. 0			93.45		.13
PATHOLOGY	14	54		591.21		10.95	. 0			42.23		.20
RADIOLOGY	18	26		1,750.72		67.34	. 0			97.26		.60
ROOM USE	10	16		982.61		61.41	. 0			98.26		.34
CROSSOVERS/ALL OTH OUTPTNT		451		13,738.89		30.46	.1			117.43		4.73
@STATE HOSPITAL	0	0	\$	.00	Ś	.00		00	Ś	.00	Ġ	.00
MENTALLY ILL	0	0	-	.00	4	.00	. 0		т.	.00	т.	.00
DEVELOP. DISABLED	0	0		.00		.00	. 0			.00		.00
@NURSING FACILITY	68	1,826	\$	273,097.74	\$ 1	49.56	. 6		\$	4016.14	\$	94.07
LEV A-INTERMEDIATE	0	0	·	.00	·	.00	. 0		•	.00		.00
LEV B-REHAB MD	0	0		.00		.00	. 0			.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.0	0.0		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.0			.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.0			.00		.00
LEV B-REGULAR	68	1,826		273,097.74	1	49.56	.6	29		4016.14		94.07
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	. 0	00	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	. 0			.00		.00
ICF DD	0	0		.00		.00	.0			.00		.00
ICF DDN/DDCN	0	0		.00		.00	. 0			.00		.00
@HEMODIALYSIS TOTAL	8	86	\$	6,127.49	\$	71.25		30	\$	765.94	\$	2.11
HOSPITAL BASED	0	0		.00		.00	. 0			.00		.00
HEMODIALYSIS CENTER	8	86		6,127.49		71.25	.0			765.94	4.	2.11
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00		00	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.0			.00		.00
INDEPENDENT FACILITY	0 29	0	d	.00	<u> </u>	.00	.0		4	.00	4	.00
@LABORATORY FACILITY	29 26	138	\$	1,834.11		13.29 13.39		48	Ş	63.25 69.52	Ş	. 63
PATHOLOGY	∠6 3	135 3		1,807.42 26.69		8.90	.0			8.90		.62 .01
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	484	893	\$	33,001.48	\$	36.96		38	ė.	68.18	\$	11.37
CLINIC	1	2	Ą	22.94		11.47	. 0		Ą	22.94	Ą	.01
SURGICENTER	12	18		2,097.50		16.53	.0			174.79		.72
HEROIN DETOX CLINIC	0	0		.00		.00	.0			.00		.00
RURAL HEALTH CLINIC	472	873		30,881.04		35.37	.3			65.43		10.64
#CALIF DEPT OF HEALTH SERV			IRES M	ONTH-OF-PAYMENT RI					DEC		P	AGE 18,336
MOP024	FEE-FOR-SERVICE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01.111 01 1111111111 111		011 0111	2005 111			2005	-	01/29/04
YUBA COUNTY			O SOC	- AGED AID	CODE 1	4 1H 1U	J 1X					01,20,01
								- M	ONT	HLY AVERA	.GE	
2,903 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES						COST PER		COST PER
		OR DAYS OF CAR					PER E			USER		ELIGIBLE
@ALL OTHER PROVIDERS	344	7,845	\$	35,464.64	\$	4.52	2.7		\$	103.09	\$	12.22
DURABLE MED. EQUIP.	14	16		852.09		53.26	.0			60.86		. 29
BLOOD BANK	0	0		.00		.00	.0			.00		.00
HEARING AID DISPENSERS	13	13		3,660.12	2	81.55	. 0			281.55		1.26
MEDICAL TRANSPORTATION	25	1,461		6,488.12		4.44	.5			259.52		2.23
AMBULANCES/AIR TRANS	3	9		413.60		45.96	. 0			137.87		.14
OTHER TRANS	17	1,349		5,904.55		4.38	. 4			347.33		2.03
OTHER SERVICES	5	103		169.97		1.65	.0			33.99		.06
ACUPUNCTURE	0	0		.00		.00	.0			.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.0			.00		.00
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	19	99		.00 8,955.57		.00 90.46	.0			.00 471.35		.00 3.08
OCCUPATIONAL THERAPIST	0	0		.00	:	.00	.0			.00		.00
OCCUPATIONAL HIENAPIST	U	0		.00		.00	.0	0		.00		.00

56	124		1,649.82		13.31	.043		29.46		.57
2	12		120.48		10.04	.004		60.24		.04
2	4		2.64		.66	.001		1.32		.00
10	13		355.21		27.32	.004		35.52		.12
10	13		355.21		27.32	.004		35.52		.12
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
5	9		1,484.55		164.95	.003		296.91		.51
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
232	6,094		11,896.04		1.95	2.099		51.28		4.10
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
738	4,777	\$	114,771.97	\$	24.03	1.646	\$	155.52	\$	39.54
	0	2 12 2 4 10 13 10 13 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 12 2 4 10 13 10 13 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2       12       120.48         2       4       2.64         10       13       355.21         10       0       .00         0       0       .00         0       0       .00         5       9       1,484.55         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         232       6,094       11,896.04         0       0       .00         11,896.04       0       .00	2     12     120.48       2     4     2.64       10     13     355.21       10     0     .00       0     0     .00       0     0     .00       5     9     1,484.55       0     0     .00       0     0     .00       0     0     .00       0     0     .00       0     0     .00       0     0     .00       0     0     .00       0     0     .00       0     0     .00       232     6,094     11,896.04       0     0     \$	2     12     120.48     10.04       2     4     2.64     .66       10     13     355.21     27.32       10     13     355.21     27.32       0     0     .00     .00       0     0     .00     .00       5     9     1,484.55     164.95       0     0     .00     .00       0     0     .00     .00       0     0     .00     .00       0     0     .00     .00       0     0     .00     .00       0     0     .00     .00       0     0     .00     .00       0     0     .00     .00       232     6,094     11,896.04     1.95       0     0     \$     .00     \$	2       12       120.48       10.04       .004         2       4       2.64       .66       .001         10       13       355.21       27.32       .004         10       13       355.21       27.32       .004         0       0       .00       .00       .00         0       0       .00       .00       .00         5       9       1,484.55       164.95       .003         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0	2       12       120.48       10.04       .004         2       4       2.64       .66       .001         10       13       355.21       27.32       .004         10       13       355.21       27.32       .004         0       0       .00       .00       .00         0       0       .00       .00       .00         5       9       1,484.55       164.95       .003         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0       0       .00       .00       .00         0	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	2       12       120.48       10.04       .004       60.24         2       4       2.64       .66       .001       1.32         10       13       355.21       27.32       .004       35.52         10       13       355.21       27.32       .004       35.52         0       0       .00       .00       .000       .00         0       0       .00       .00       .000       .00         5       9       1,484.55       164.95       .003       296.91         0       0       .00       .00       .000       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0 <td< td=""></td<>

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,337 MOP024 FEE-FOR-SERVICE/DENTAL 901/29/04 SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

IUDA COUNTI	SUMMARI OF SER	VICES FOR MM - NO	50C -	מאדחם	AID CODE			
						MON	NTHLY AVERA	GE
35 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	25	829	\$	9,761.90	\$ 11.78	23.686		\$ 278.91
@PHYSICIANS SERVICES	6	26	\$	3,190.46	\$ 122.71	.743	531.74	\$ 91.16
OUTPATIENT VISITS	3	6		162.06	27.01	.171	54.02	4.63
OFFICE VISITS	3	6		162.06	27.01	.171	54.02	4.63
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2		92.88	46.44	.057	46.44	2.65
EXAMINATIONS	2	2		92.88	46.44	.057	46.44	2.65
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	9		2,562.58	284.73	.257	640.65	73.22
PRINCIPAL SURGEON	2	3		2,172.00	724.00	.086	1086.00	62.06
ASSISTANT SURGEON	1	1		244.60	244.60	.029	244.60	6.99
ANESTHESIOLOGIST	1	5		145.98	29.20	.143	145.98	4.17
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	5		18.70	3.74	.143	6.23	.53
RADIOLOGY	1	3		347.74	115.91	.086	347.74	9.94
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		6.50	6.50	.029	6.50	.19
@PHARMACY	20	468	\$	4,191.12	\$ 8.96	13.371	209.56	\$ 119.75
PRESCRIPTION DRUGS	16	56		3,099.32	55.35	1.600	193.71	88.55
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	16	56		3,099.32	55.35	1.600	193.71	88.55

MEDICAL SUPPLIES	12	412	1,091.80		2.65 1	1.771	90.98	31.19
@DENTIST	2	12	\$ 114.00	\$	9.50	.343	\$ 57.00	\$ 3.26
VISITS - DIAGNOSTIC	1	6	.00		.00	.171	.00	.00
ORAL SURGERY	1	3	.00		.00	.086	.00	.00
DRUGS	0	0	.00		.00	.000	.00	.00
ANESTHESIA	0	0	.00		.00	.000	.00	.00
PERIODONTICS	0	0	.00		.00	.000	.00	.00
ENDODONTICS	0	0	.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	3	114.00	3	8.00	.086	114.00	3.26
PROSTHETICS	0	0	.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURE	S MONTH-OF-PAYMENT R	REPORT FO	R JAN 2003	THRU I	DEC 2003	PAGE 18,338
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR	NO - NO	SOC - BLIND	AI	D CODE 24			

----- MONTHLY AVERAGE -----35 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER ELIG USER ELIGIBLE PER UNIT/DAY .00 0 .000 \$ @OPTOMETRIST 0 \$ .00 .00 Ś .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR 1 16.72 16.72 .029 \$ 16.72 .48 16.72 16.72 .029 VISITS 16.72 .48 OTHER SERVICES .00 .00 .000 .00 .00 0 \$ @PODIATRIST .00 \$ .00 .000 .00 .00 \$ MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 SURGERY/ANES. 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 RADIO./PATHOLOGY OTHER .00 .00 .000 .00 .00 149.68 @HOME HEALTH AGENCY 37.42 149.68 4.28 .114 NURSE ANESTHESIST .00 \$ .00 .000 \$ .00 \$ .00 .00 .00 .00 NURSE MIDWIFE .000 \$ .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 \$ .00 0 FAMILY NURSE PRACTITIONER .00 \$ .00 .000 .00 \$ .00 409.05 81.81 .143 204.53 11.69 @TOTAL HOSPITAL HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .00 .00 .00 .00 INPATIENT CROSSOVERS .000 .00 .000 ALL OTHER INPATIENT .00 .00 .00 HOSP OUTPATIENT TOTAL 409.05 81.81 .143 204.53 11.69 MEDICAL 18.29 18.29 .029 18.29 .52 SURGERY 203.94 203.94 .029 203.94 5.83 PATHOLOGY .00 .00 .000 .00 .00 23.51 RADIOLOGY 1 23.51 23.51 .029 .67 163.31 81.66 163.31 4.67 ROOM USE .057 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .000 .00 .00 0 @COUNTY HOSPITAL TOTAL .00 .00 .000 .00 \$ .00 .00 .00 .000 .00 .00 CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS .00 .00 .000 .00 .00

	0				0.0	_	0.0	000		0.0		0.0
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00	)	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00	)	.00	.000		.00		.00
PATHOLOGY	0		0		.00	)	.00	.000		.00		.00
RADIOLOGY	0		0		.00	)	.00	.000		.00		.00
ROOM USE	0		0		.00	)	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00	)	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXE	PENDITUR	ES MON'	TH-OF-PAYMENT	REPO	RT FOR JAN 2	2003 THRU	DEC	2003	P.	AGE 18,339
MODO 24	EEE EOD GEDVICE	/ DENTE A T										01/29/04
YUBA COUNTY	SUMMARY OF SERVICE	ICES FOR	MN - NO	SOC -	BLIND		AID CODE	24				
								M	TNC	HLY AVERA	GE	
35 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	s av	VERAGE COST		-		_	COST PER
33 22101222	02212	OR DAYS					ER UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	011 21112	5	\$	409.05	5 5	81.81	.143		204.53		11.69
COMM HOSP INPATIENT TOTAL	0		0	Υ	.00		.00	.000	~	.00	Ψ.	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0		U		409.05		81.81	.143		204.53		11.69
MEDICAL	∠		5 1		18.29		18.29			204.53 18.29		.52
-	1		1					.029				
SURGERY	0		0		203.94		203.94	.029		203.94		5.83
PATHOLOGY	0		•		.00		.00	.000		.00		.00
RADIOLOGY	1		1		23.51		23.51	.029		23.51		.67
ROOM USE	1		2		163.31		81.66	.057		163.31		4.67
CROSSOVERS/ALL OTH OUTPTNT	0		0	_	.00		.00	.000	_	.00	_	.00
@STATE HOSPITAL	0		0	\$	.00		.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$	.00			.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	3 \$	.00	.000	\$	.00	\$	.00
ICF DDH	0		0		.00	0	.00	.000		.00		.00
ICF DD	0		0		.00	)	.00	.000		.00		.00
TOF DOM/DOCM	Λ		Λ		0.0	1	0.0	000		0.0		0.0

0

0

0

0

0

0

14

\$

\$

0

0

0

.00

.00

.00

.00

.00

.00

.00

10.82

.00

.00

.00

.00

.00

.00

.00

151.45

\$

\$

.000

.000

.000

.000

.000

.000 \$

.000 \$

.400 \$

.00

.00

.00

.00

.00

75.73 \$

.00

.00 \$

.00

.00

.00

.00

.00

.00

.00

4.33

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

HOSPITAL BASED

HOSPITAL BASED

@LABORATORY FACILITY

XO AND OTHERS       0       0       .00       .00       .00       .00       .00         @ORGANIZED OUTPATIENT CLINIC       0       0       \$       .00       \$       .00       \$       .00       \$       .00	
OT TNTO	
CLINIC 0 0 0 .00 .00 .00 .00 .00 .00	
SURGICENTER 0 0 0 .00 .00 .00 .00 .00 .00	
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00	
RURAL HEALTH CLINIC 0 0 .00 .00 .00 .00 .00 .00	
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,340	
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04	
YUBA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24	
MONTHLY AVERAGE	
35 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER	
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE	
@ALL OTHER PROVIDERS 14 299 \$ 1,539.42 \$ 5.15 8.543 \$ 109.96 \$ 43.98	
DURABLE MED. EQUIP. 1 12 186.18 15.52 .343 186.18 5.32	
BLOOD BANK 0 0 0 .00 .00 .00 .00 .00 .00	

HEARING AID DISPENSERS	0	0		.00	.00	.000		00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000		00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000		00	.00
OTHER TRANS	0	0		.00	.00	.000		00	.00
OTHER SERVICES	0	0		.00	.00	.000		00	.00
ACUPUNCTURE	0	0		.00	.00	.000		00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000		00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000		00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000		00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000		00	.00
OPTICIAN	0	0		.00	.00	.000		00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000		00	.00
PORTABLE X-RAY	0	0		.00	.00	.000		00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000		00	.00
PROSTHETICS	0	0		.00	.00	.000		00	.00
ORTHOTICS	0	0		.00	.00	.000		00	.00
PSYCHOLOGIST	0	0		.00	.00	.000		00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000		00	.00
HOSPICE SERVICES	0	0		.00	.00	.000		00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000		00	.00
LOCAL EDUCATION AGENCIES	3	263		850.58	3.23	7.514	283.	53	24.30
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000		00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000		00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000		00	.00
ALL OTHER PROVIDERS	10	24		502.66	20.94	.686	50.	27	14.36
@CALIF. CHILDREN SERVICES*	1	12	\$	186.18	\$ 15.52	.343	\$ 186.		\$ 5.32
@XOVER EXCLUDING STATE HOSP**	10	36	\$	623.66	\$ 17.32	1.029	\$ 62.	37	\$ 17.82
* TOTAL IN THECH LINES AND STRENT	YC Y CEDYDYEE	TATE ODMANDE ON TH	TITIM ONTE SZ •						

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,341 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 YUBA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

SUMMARI OF SER	VICES FOR MIN - NO S	UC -	DISABLED 04 (	0G 0H 0U 0V 0A				
					MC	NTHLY AVERA	AGE	
USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
2,194	25,169 \$		1,527,813.97	\$ 60.70	8.721	\$ 696.36	\$	529.39
570	2,130 \$		60,885.51	\$ 28.58	.738	\$ 106.82	\$	21.10
132	215		6,775.75	31.52	.074	51.33		2.35
113	172		5,381.34	31.29	.060	47.62		1.86
0	0		.00	.00	.000	.00		.00
5	8		595.45	74.43	.003	119.09		.21
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
18	35		798.96	22.83	.012	44.39		.28
29	157		6,859.38	43.69	.054	236.53		2.38
26	149		6,396.28	42.93	.052	246.01		2.22
1	2		243.20	121.60	.001	243.20		.08
5	6		219.90	36.65	.002	43.98		.08
15	20		841.39	42.07	.007	56.09		.29
15	20		841.39	42.07	.007	56.09		.29
0	0		.00	.00	.000	.00		.00
16	79		7,432.66	94.08	.027	464.54		2.58
12	18		5,710.53	317.25	.006	475.88		1.98
2	2		224.87	112.44	.001	112.44		.08
7	59		1,497.26	25.38	.020	213.89		.52
21	58		3,948.95	68.09	.020	188.05		1.37
16	18		2,955.53	164.20	.006	184.72		1.02
1	1		92.70	92.70	.000	92.70		.03
7	39		900.72	23.10	.014	128.67		.31
	USERS  2,194 570 132 113 0 5 0 0 18 29 26 1 5 15 15 15 27 7 21	USERS UNITS OF SERVICE OR DAYS OF CARE  2,194 25,169 \$ 570 2,130 \$ 132 215 113 172 0 0 0 5 8 0 0 0 0 0 18 35 29 157 26 149 1 2 5 6 15 20 15 20 0 0 16 79 12 18 2 2 7 59 21 58 16 18 1	USERS UNITS OF SERVICE OR DAYS OF CARE  2,194 25,169 \$ 570 2,130 \$ 132 215 113 172 0 0 0 5 8 0 0 0 0 0 18 35 29 157 26 149 1 2 5 6 15 20 0 0 16 79 12 18 2 2 7 59 21 58 16 18 1 1	USERS UNITS OF SERVICE OR DAYS OF CARE  2,194	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE  2,194 25,169 \$ 1,527,813.97 \$ 60.70 570 2,130 \$ 60,885.51 \$ 28.58 132 215 6,775.75 31.52 113 172 5,381.34 31.29 0 0 0 0 0 0 0 0 5 8 5 8 595.45 74.43 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE  2,194 25,169 \$ 1,527,813.97 \$ 60.70 8.721   570 2,130 \$ 60,885.51 \$ 28.58 .738   132 215 6,775.75 31.52 .074   113 172 5,381.34 31.29 .060   0 0 .00 .00 .00 .00   0 0 .00 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE  2,194 25,169 \$ 1,527,813.97 \$ 60.70 8.721 \$ 696.36 570 2,130 \$ 60,885.51 \$ 28.58 .738 \$ 106.82 132 215 6,775.75 31.52 .074 51.33 113 172 5,381.34 31.29 .060 47.62 0 .00 .00 .000 .000 .00	USERS UNITS OF SERVICE OR DAYS OF CARE  2,194

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DIALYSIS	5	5		956.76		191.35	.002		191.35		.33
PATHOLOGY	17	53		903.89		17.05	.018		53.17		.31
RADIOLOGY	105	246		9,969.38		40.53	.085		94.95		3.45
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	18	275		4,158.99		15.12	.095		231.06		1.44
OTHER SERVICES/ALL X-OVERS	394	1,022		19,038.36		18.63	.354		48.32		6.60
@PHARMACY	1,744	11,613	\$	801,765.85	\$	69.04	4.024	\$	459.73	\$	277.81
PRESCRIPTION DRUGS	1,709	7,618		780,539.25		102.46	2.640		456.72		270.46
SNF/ICF	34	260		12,175.85		46.83	.090		358.11		4.22
OUTPATIENTS	1,675	7,358		768,363.40		104.43	2.550		458.72		266.24
MEDICAL SUPPLIES	209	3,995		21,226.60		5.31	1.384		101.56		7.36
@DENTIST	103	493	\$	27,057.20	\$	54.88	.171	\$	262.69	\$	9.38
VISITS - DIAGNOSTIC	59	248		3,196.20		12.89	.086		54.17		1.11
ORAL SURGERY	20	91		4,797.00		52.71	.032		239.85		1.66
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	5	6		954.00		159.00	.002		190.80		.33
ENDODONTICS	10	19		4,175.00		219.74	.007		417.50		1.45
RESTORATIVE DENTISTRY	27	71		5,903.00		83.14	.025		218.63		2.05
PROSTHETICS	1	1		50.00		50.00	.000		50.00		.02
DENTURES, STAYPLATES	20	54		7,982.00		147.81	.019		399.10		2.77
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	2	3		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITU	IRES I	MONTH-OF-PAYMENT RE	EPOR'	r for Jan	2003 THRU	DEC	2003	PI	AGE 18,342
MOP024	FEE-FOR-SERVICE/DENTA	AL									01/29/04
YUBA COUNTY	SUMMARY OF SERVICES E	FOR MN - N	10 SO	C - DISABLED 64 6	6G 61	H 6U 6V 6X	8G				

YUBA COUNTY	SUMMARY OF SERV	TCES FOR MIN - NC	SUC	- DISABLED 6	4 66 1	AG VG UG HC						
							MO	TMC	HLY AVERA	GΕ		
2,886 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURE	S A	FRAGE COST	UNITS/DAYS	3	COST PER		COST PER	
		OR DAYS OF CARE			P1	ER UNIT/DAY			USER		ELIGIBLE	
@OPTOMETRIST	67	191	\$	3,963.9			.066	\$	59.16	\$	1.37	
DIAGNOSTIC AND ANC. PROCED	18	20		846.4		42.32	.007		47.02		. 29	
EYE APPLIANCES	58	166		2,895.1	7	17.44	.058		49.92		1.00	
OTHER OPTOMETRIC SERVICES	6	5		222.3	8	44.48	.002		37.06		.08	
@CHIROPRACTOR	7	14	\$	144.1	0 \$	10.29	.005	\$	20.59	\$	.05	
VISITS	1	1		8.3	6	8.36	.000		8.36		.00	
OTHER SERVICES	6	13		135.7	4	10.44	.005		22.62		.05	
@PODIATRIST	37	57	\$	710.3	9 \$	12.46	.020	\$	19.20	\$	.25	
MEDICINE/INJECTIONS	1	1		21.4	0	21.40	.000		21.40		.01	
SURGERY/ANES.	0	0		.0	0	.00	.000		.00		.00	
RADIO./PATHOLOGY	0	0		.0	0	.00	.000		.00		.00	
OTHER	36	56		688.9	9	12.30	.019		19.14		.24	
@HOME HEALTH AGENCY	2	3	\$	224.5		74.86	.001	\$	112.29	\$	.08	
NURSE ANESTHESIST	1	7	\$	95.9	8 \$	13.71	.002	\$	95.98	\$	.03	
NURSE MIDWIFE	0	0	\$	.0	0 \$	.00	.000	\$	.00	\$	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.0	0 \$	.00	.000	\$	.00	\$	.00	
FAMILY NURSE PRACTITIONER	2	6	\$	83.0	0 \$	13.83	.002	\$	41.50	\$	.03	
@TOTAL HOSPITAL	266	1,860	\$	377,015.1	9 \$	202.70	.644	\$	1417.35	\$	130.64	
HOSP INPATIENT TOTAL	48	256		313,872.6	1	1226.06	.089		6539.01		108.76	
HSC HOSPITALS	7	50		101,455.0		2029.10	.017		14493.57		35.15	
NON-HSC HOSPITAL TOTAL	20	140		194,897.1		1392.12	.049		9744.86		67.53	
ACCOMMODATIONS	19	140		48,841.0		348.86	.049		2570.58		16.92	
ADMINISTRATIVE DAYS	2	21		4,722.0	6	224.86	.007		2361.03		1.64	
TRANSITIONAL IP CARE	0	0		.0		.00	.000		.00		.00	
ALL OTHER ACCOM	17	119		44,118.9		370.75	.041		2595.23		15.29	
ANCILLARIES	20	0		146,056.1		.00	.000		7302.81		50.61	
INPATIENT CROSSOVERS	21	66		17,520.4		265.46	.023		834.31		6.07	
ALL OTHER INPATIENT	0	0		.0	0	.00	.000		.00		.00	

HOSP OUTPATIENT TOTAL	235	1,604		63,142.58	39.37	.556	268.69	21.88
MEDICAL	64	136		5,964.88	43.86	.047	93.20	2.07
SURGERY	10	13		544.23	41.86	.005	54.42	.19
PATHOLOGY	76	542		6,101.69	11.26	.188	80.29	2.11
RADIOLOGY	66	120		10,072.77	83.94	.042	152.62	3.49
ROOM USE	57	108		4,310.04	39.91	.037	75.61	1.49
CROSSOVERS/ALL OTH OUTPINT	156	685		36,148.97	52.77	.237	231.72	12.53
@COUNTY HOSPITAL TOTAL	4	10	\$	91.98 \$	9.20	.003 \$	23.00	\$ .03
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	10		91.98	9.20	.003	23.00	.03
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	10		91.98	9.20	.003	23.00	.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	JRES M	IONTH-OF-PAYMENT REPO	RT FOR JAN 2	003 THRU DEC	2003	PAGE 18,343
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR	MN - 1	10 SOC	! - DISABLED 64 6G	6H 6U 6V 6X			
						MONT	HLY AVERAC	E

					Mo	ONTHLY AVER	AGE	
2,886 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAY:	S COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	263	1,850	\$ 376,923.21	\$ 203.74	.641	\$ 1433.17	\$	130.60
COMM HOSP INPATIENT TOTAL	48	256	313,872.61	1226.06	.089	6539.01		108.76
HSC HOSPITALS	7	50	101,455.00	2029.10	.017	14493.57		35.15
NON-HSC HOSPITALS TOTAL	20	140	194,897.13	1392.12	.049	9744.86		67.53
ACCOMMODATIONS	19	140	48,841.02	348.86	.049	2570.58		16.92
ADMINISTRATIVE DAYS	2	21	4,722.06	224.86	.007	2361.03		1.64
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	17	119	44,118.96	370.75	.041	2595.23		15.29
ANCILLARIES	20	0	146,056.11	.00	.000	7302.81		50.61
INPATIENT CROSSOVERS	21	66	17,520.48	265.46	.023	834.31		6.07
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	232	1,594	63,050.60	39.55	.552	271.77		21.85
MEDICAL	64	136	5,964.88	43.86	.047	93.20		2.07
SURGERY	10	13	544.23	41.86	.005	54.42		.19
PATHOLOGY	76	542	6,101.69	11.26	.188	80.29		2.11
RADIOLOGY	66	120	10,072.77	83.94	.042	152.62		3.49
ROOM USE	57	108	4,310.04	39.91	.037	75.61		1.49
CROSSOVERS/ALL OTH OUTPTNT	153	675	36,056.99	53.42	.234	235.67		12.49
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	44	995	\$ 126,154.57	\$ 126.79		\$ 2867.15	\$	43.71
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	44	995	126,154.57	126.79	.345	2867.15		43.71
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	23	521	\$	25,560.87	\$	49.06	.181	\$	1111.34	\$	8.86
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	23	521		25,560.87		49.06	.181		1111.34		8.86
@REHABILITATION FACILITY	1	1	\$	21.19	\$	21.19	.000	\$	21.19	\$	.01
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	1	1		21.19		21.19	.000		21.19		.01
@LABORATORY FACILITY	85	378	\$	4,413.07	\$	11.67	.131	\$	51.92	\$	1.53
PATHOLOGY	83	376		4,395.26		11.69	.130		52.95		1.52
XO AND OTHERS	2	2		17.81		8.91	.001		8.91		.01
@ORGANIZED OUTPATIENT CLINIC	501	901	\$	44,409.31	\$	49.29	.312	\$	88.64	\$	15.39
CLINIC	4	7		94.63		13.52	.002		23.66		.03
SURGICENTER	9	32		1,810.12		56.57	.011		201.12		.63
HEROIN DETOX CLINIC	2	40		463.38		11.58	.014		231.69		.16
RURAL HEALTH CLINIC	492	822		42,041.18		51.14	.285		85.45		14.57
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES MO	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	003 THRU I	DEC	2003	PI	AGE 18,344
MOP024	FEE-FOR-SERVICE/DENTAL	_									01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FO	OR MN - N	O SOC	- DISABLED 64	6G 6H	6U 6V 6X	8G				

----- MONTHLY AVERAGE -----2,886 ELIGIBLES USERS EXPENDITURES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 424 5,999 \$ 2.079 \$ 130.45 \$ 19.16 335.23 DURABLE MED. EQUIP. 2.79 0 BLOOD BANK 0 13 1,176 148 932 96 .00 .00 HEARING AID DISPENSERS 12 259.62 1.08 242.81 141.29 MEDICAL TRANSPORTATION 3.53 AMBULANCES/AIR TRANS OTHER TRANS 8 441.51 1.22 OTHER SERVICES 11 297.71 1.13 ACUPUNCTURE 0 .00 .00 129 0 134 7 0 .00 ADULT DAY HEALTH CARE CTR .00 .00 GENETIC DISEASE TESTING .00 IHMC, MODEL-NF, NF, AIDS, MSSP 11 644.01 2.45 OCCUPATIONAL THERAPIST .00 .00 31.26 OPTICIAN 2.35 PHYSICAL THERAPIST 0 61 61 0 .00 .00 PORTABLE X-RAY .00 17 PROSTHETIST/ORTHOTISTS 226.39 1.33 PROSTHETICS 17 226.39 1.33 ORTHOTICS .00 .00 .00 PSYCHOLOGIST .00 .74 SPEECH AND AUDIOLOGY .00 HOSPICE SERVICES .00 NONINST BIRTHING CENTERS .00 .143 .000 .000 101.21 LOCAL EDUCATION AGENCIES .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .00 16,089.12 PED SUBACUTE REHAB/WEANING .00 .00 .00 ALL OTHER PROVIDERS

@CALIF. CHILDREN SERVICES\*

@XOVER EXCLUDING STATE HOSP\*\* 4.00 1.393 62.85 5.57 10 7,700.73 \$ 124.21 .021 \$ 770.07 \$ 2.67 652 95,079.88 \$ 18.25 1.806 \$ 145.83 \$ 32.95

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,345 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 YUBA COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

65,900 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	31,169	155,908	\$ 9,627,349.48	\$ 61.75	2.366	\$ 308.88	\$ 146.09
@PHYSICIANS SERVICES	7,135	22,538	\$ 929,827.81	\$ 41.26	.342	\$ 130.32	\$ 14.11
OUTPATIENT VISITS	3,586	4,154	177,105.15	42.63	.063	49.39	2.69
OFFICE VISITS	2,983	3,420	122,575.26	35.84	.052	41.09	1.86
HOME VISITS	5	6	377.80	62.97	.000	75.56	.01
EMERGENCY ROOM	194	216	11,161.45	51.67	.003	57.53	.17
PREVENTIVE CARE	2	2	82.72	41.36	.000	41.36	.00
OB VISITS/COMPRE PERI	373	401	39,803.30	99.26	.006	106.71	.60
OTHER OUTPATIENT	99	109	3,104.62	28.48	.002	31.36	.05
INPATIENT VISITS	386	1,442	105,959.42	73.48	.022	274.51	1.61
HOSPITAL VISITS	357	1,014	45,899.77	45.27	.015	128.57	.70
CRITICAL CARE	48	428	60,059.65	140.33	.006	1251.24	.91
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	119	140	6,605.09	47.18	.002	55.50	.10

EXAMINATIONS	117	138		6,565.09		47.57	.002		56.11		.10
SERVICES AND MATERIALS	2	2		40.00		20.00	.000		20.00		.00
INPATIENT HOSPITAL SURGERY	543	2,399		287,831.26		119.98	.036		530.08		4.37
PRINCIPAL SURGEON	325	376		227,660.13		605.48	.006		700.49		3.45
ASSISTANT SURGEON	67	68		11,794.65		173.45	.001		176.04		.18
ANESTHESIOLOGIST	261	1,955		48,376.48		24.75	.030		185.35		.73
OUTPATIENT SURGERY	578	1,672		101,595.94		60.76	.025		175.77		1.54
PRINCIPAL SURGEON	434	565		76,520.33		135.43	.009		176.31		1.16
ASSISTANT SURGEON	11	11		1,236.03		112.37	.000		112.37		.02
ANESTHESIOLOGIST	183	1,096		23,839.58		21.75	.017		130.27		.36
DIALYSIS	0	. 0		.00		.00	.000		.00		.00
PATHOLOGY	284	373		5,115.04		13.71	.006		18.01		.08
RADIOLOGY	2,671	4,047		144,792.72		35.78	.061		54.21		2.20
PSYCHIATRY	11	12		436.07		36.34	.000		39.64		.01
IMMUNIZATION AND INJECTION	150	326		8,031.71		24.64	.005		53.54		.12
OTHER SERVICES/ALL X-OVERS	1,272	7,973		92,355.41		11.58	.121		72.61		1.40
@PHARMACY	15,339	38,722	\$	2,055,314.38	\$	53.08	.588	\$	133.99	\$	31.19
PRESCRIPTION DRUGS	15,215	36,957	·	1,997,066.01		54.04	.561	•	131.26	•	30.30
SNF/ICF	1	2		84.40		42.20	.000		84.40		.00
OUTPATIENTS	15,215	36,955		1,996,981.61		54.04	.561		131.25		30.30
MEDICAL SUPPLIES	414	1,765		58,248.37		33.00	.027		140.70		.88
@DENTIST	3,056	14,756	\$	542,882.93	\$	36.79	.224	\$	177.64	\$	8.24
VISITS - DIAGNOSTIC	2,060	9,033	•	135,528.29		15.00	.137		65.79		2.06
ORAL SURGERY	426	1,076		57,724.40		53.65	.016		135.50		.88
DRUGS	65	78		1,510.00		19.36	.001		23.23		.02
ANESTHESIA	41	42		3,800.00		90.48	.001		92.68		.06
PERIODONTICS	83	91		14,374.00		157.96	.001		173.18		.22
ENDODONTICS	250	568		72,811.25		128.19	.009		291.25		1.10
RESTORATIVE DENTISTRY	1,138	3,261		208,653.90		63.98	.049		183.35		3.17
PROSTHETICS	8	8		230.00		28.75	.000		28.75		.00
DENTURES, STAYPLATES	68	266		27,673.00		104.03	.004		406.96		.42
SPACE MAINTAINERS	20	26		2,590.00		99.62	.000		129.50		.04
MAXILLOFACIAL SERVICES	8	8		468.09		58.51	.000		58.51		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	154	202		16,695.00		82.65	.003		108.41		.25
ALL OTHER SERVICES	61	97		825.00		8.51	.001		13.52		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	ES N	MONTH-OF-PAYMENT I	REPO	RT FOR JAN	2003 THRU	DEC	2003	₽₽	GE 18,346
MOP024	FEE-FOR-SERVICE/	DENTAL									01/29/04
YUBA COUNTY	SUMMARY OF SERVI	CES FOR MN-NOSO	C-FA	AM 34 39 3N 3T 3V	54	59 5J 5W-51	Y 6J 7J 7K				
							M	ONTI	LY AVERA	GE -	
CE OOO RITCIDIRO	HOEDO	INTER OF CERTIFOR		EADENDIATIOEC	7\ 1	TEDACE COC	T TINTETIC / DAY	c /	משת שטטי	_	OCH DED

65,900 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	ERAGE COST R UNIT/DAY	UNITS/DAY	_	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	759	2,045	\$ 47,261.79	\$ 23.11	.031	\$	62.27	\$ .72
DIAGNOSTIC AND ANC. PROCED	534	552	25,019.58	45.33	.008		46.85	.38
EYE APPLIANCES	536	1,488	22,183.09	14.91	.023		41.39	.34
OTHER OPTOMETRIC SERVICES	4	5	59.12	11.82	.000		14.78	.00
@CHIROPRACTOR	185	371	\$ 5,994.12	\$ 16.16	.006	\$	32.40	\$ .09
VISITS	184	369	5,960.68	16.15	.006		32.40	.09
OTHER SERVICES	1	2	33.44	16.72	.000		33.44	.00
@PODIATRIST	10	19	\$ 855.54	\$ 45.03	.000	\$	85.55	\$ .01
MEDICINE/INJECTIONS	9	13	444.92	34.22	.000		49.44	.01
SURGERY/ANES.	1	1	84.14	84.14	.000		84.14	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	3	5	326.48	65.30	.000		108.83	.00
@HOME HEALTH AGENCY	194	271	\$ 13,492.48	\$ 49.79	.004	\$	69.55	\$ .20
NURSE ANESTHESIST	11	63	\$ 944.31	\$ 14.99	.001	\$	85.85	\$ .01
NURSE MIDWIFE	56	105	\$ 40,219.28	\$ 383.04	.002	\$	718.20	\$ .61
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
FAMILY NURSE PRACTITIONER	525	1,167	\$ 18,538.03	\$ 15.89	.018	\$	35.31	\$ .28
@TOTAL HOSPITAL	5,453	25,912	\$ 4,047,039.65	\$ 156.18	.393	\$	742.17	\$ 61.41

HOSP INPATIENT TOTAL	533	2,412	3,359,779.56	1392.94	.037	6303.53	50.98
HSC HOSPITALS	76	721	915,452.18	1269.70	.011	12045.42	13.89
NON-HSC HOSPITAL TOTAL	457	1,690	2,443,758.32	1446.01	.026	5347.39	37.08
ACCOMMODATIONS	457	1,690	670,980.93	397.03	.026	1468.23	10.18
ADMINISTRATIVE DAYS	3	46	10,253.40	222.90	.001	3417.80	.16
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	455	1,644	660,727.53	401.90	.025	1452.15	10.03
ANCILLARIES	456	0	1,772,777.39	.00	.000	3887.67	26.90
INPATIENT CROSSOVERS	1	1	569.06	569.06	.000	569.06	.01
ALL OTHER INPATIENT	0 5,186	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,186	23,500	687,260.09	29.25	.357	132.52	10.43
MEDICAL	1,569	2,113	102,308.80	48.42	.032	65.21	1.55
SURGERY	453	554	26,903.21	48.56	.008	59.39	.41
PATHOLOGY	2,132	7,876	101,154.81	12.84	.120	47.45	1.53
RADIOLOGY	2,254	3,011	171,191.18	56.86	.046	75.95	2.60
ROOM USE	2,712	3,853	150,849.78	39.15	.058	55.62	2.29
CROSSOVERS/ALL OTH OUTPTNT	1,870	6,093	134,852.31	22.13	.092	72.11	2.05
@COUNTY HOSPITAL TOTAL	14	56 \$	5,930.21	\$ 105.90	.001	\$ 423.59	\$ .09
CO HOSPITAL INPATIENT TOTAL	2	4	4,346.02	1086.51	.000	2173.01	.07
HSC HOSPITALS	2	4	4,346.02	1086.51	.000	2173.01	.07
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	13	52	1,584.19	30.47	.001	121.86	.02
MEDICAL	4	8	402.41	50.30	.000	100.60	.01
SURGERY	2	3	79.25	26.42	.000	39.63	.00
PATHOLOGY	5	17	256.38	15.08	.000	51.28	.00
RADIOLOGY	1	8	163.01	20.38	.000	163.01	.00
ROOM USE	5	7	355.29	50.76	.000	71.06	.01
CROSSOVERS/ALL OTH OUTPTNT	7	9	327.85	36.43	.000	46.84	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU D	EC 2003	PAGE 18,347
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
YUBA COUNTY	SUMMARY OF SERVICE	S FOR MN-NOSOC-F	'AM 34 39 3N 3T 3V	54 59 5J 5W-5Y	7 6J 7J 7K		
					MOI	NTHLY AVERA	GE
65,900 ELIGIBLES	USERS UN	IITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

65,900 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,440	25,856	\$ 4,041,109.44	\$ 156.29	.392		61.32
COMM HOSP INPATIENT TOTAL	531	2,408	3,355,433.54	1393.45	.037	6319.08	50.92
HSC HOSPITALS	74	717	911,106.16	1270.72	.011	12312.25	13.83
NON-HSC HOSPITALS TOTAL	457	1,690	2,443,758.32	1446.01	.026	5347.39	37.08
ACCOMMODATIONS	457	1,690	670,980.93	397.03	.026	1468.23	10.18
ADMINISTRATIVE DAYS	3	46	10,253.40	222.90	.001	3417.80	.16
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	455	1,644	660,727.53	401.90	.025	1452.15	10.03
ANCILLARIES	456	0	1,772,777.39	.00	.000	3887.67	26.90
INPATIENT CROSSOVERS	1	1	569.06	569.06	.000	569.06	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,174	23,448	685,675.90	29.24	.356	132.52	10.40
MEDICAL	1,565	2,105	101,906.39	48.41	.032	65.12	1.55
SURGERY	451	551	26,823.96	48.68	.008	59.48	.41
PATHOLOGY	2,127	7,859	100,898.43	12.84	.119	47.44	1.53
RADIOLOGY	2,253	3,003	171,028.17	56.95	.046	75.91	2.60
ROOM USE	2,707	3,846	150,494.49	39.13	.058	55.59	2.28
CROSSOVERS/ALL OTH OUTPINT	1,863	6,084	134,524.46	22.11	.092	72.21	2.04
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6	7	\$	4,179.03	\$	597.00	.000	\$	696.51	\$	.06
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	6	7		4,179.03		597.00	.000		696.51		.06
@REHABILITATION FACILITY	9	24	\$	1,403.71	\$	58.49	.000	\$	155.97	\$	.02
HOSPITAL BASED	9	24		1,403.71		58.49	.000		155.97		.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2,539	10,287	\$	146,663.75	\$		.156	\$	57.76	\$	2.23
PATHOLOGY	2,539	10,287		146,663.75		14.26	.156		57.76		2.23
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	11,282	19,064	\$		\$		.289	\$	132.19	\$	22.63
CLINIC	518	1,814		50,561.13		27.87	.028		97.61		.77
SURGICENTER	80	411		12,743.45		31.01	.006		159.29		.19
HEROIN DETOX CLINIC	5	66		664.15		10.06	.001		132.83		.01
RURAL HEALTH CLINIC	10,770			1,427,391.54		85.10	.255		132.53		21.66
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES M	ONTH-OF-PAYMENT RI	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 18,348
MOP024	FEE-FOR-SERVICE/DEN										01/29/04
YUBA COUNTY	SUMMARY OF SERVICES	FOR MN-NOS	OC-FA	M 34 39 3N 3T 3V 5	54 59	) 5J 5W-5					
MONTHLY AVERAGE											

					MON	THLY AVERA	JE
65,900 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4,190	20,557 \$	281,372.40	\$ 13.69	.312 \$	67.15	\$ 4.27
DURABLE MED. EQUIP.	200	258	25,441.86	98.61	.004	127.21	.39
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	6	1,227.35	204.56	.000	204.56	.02
MEDICAL TRANSPORTATION	454	4,393	78,484.37	17.87	.067	172.87	1.19
AMBULANCES/AIR TRANS	452	4,266	61,319.81	14.37	.065	135.66	.93
OTHER TRANS	2	115	190.84	1.66	.002	95.42	.00
OTHER SERVICES	12	12	16,973.72	1414.48	.000	1414.48	.26
ACUPUNCTURE	5	18	313.58	17.42	.000	62.72	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	102	102	10,657.50	104.49	.002	104.49	.16
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	579	1,250	12,272.96	9.82	.019	21.20	.19
PHYSICAL THERAPIST	34	109	1,853.93	17.01	.002	54.53	.03
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	105	214	16,009.58	74.81	.003	152.47	.24
PROSTHETICS	102	210	15,663.89	74.59	.003	153.57	.24
ORTHOTICS	4	4	345.69	86.42	.000	86.42	.01
PSYCHOLOGIST	2	8	151.94	18.99	.000	75.97	.00
SPEECH AND AUDIOLOGY	98	198	8,609.35	43.48	.003	87.85	.13
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,635	12,163	123,150.72	10.13	.185	46.74	1.87
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

1,838 3,199.26 1.74 .028 52.45 .05 ALL OTHER PROVIDERS 61 @CALIF. CHILDREN SERVICES\* 1,761 .027 \$ 2745.32 \$ 190 521,611.06 296.20 7.92 @XOVER EXCLUDING STATE HOSP\*\* 112 545 \$ 23.71 .008 \$ 115.36 \$ \$ 12,920.61 .20

> PAGE 18,349 01/29/04

 $@^{\star}$  Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

YUBA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

OR DAYS OF CARE  @TOTAL, ALL PROVIDERS @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES @PHYSICIANS SERVICES OUTPATIENT VISITS 3,760 4,425 OFFICE VISITS  OFFICE VISITS  PER UNIT/DAY PER ELIG USER ELI 12,233,296.13 \$ 59.58 2.863 \$ 343.82 \$ 1 1,027,734.07 \$ 39.25 .365 \$ 124.88 \$ 1,027,734.07 \$ 185,903.20 \$ 185,903.2	ST PER GGIBLE 170.56 14.33 2.59 1.81 .01 .17 .00 .55
OR DAYS OF CARE  @TOTAL, ALL PROVIDERS @TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES @PHYSICIANS SERVICES OUTPATIENT VISITS 3,760 4,425 OFFICE VISITS  OFFICE VISITS  PER UNIT/DAY PER ELIG USER ELI 12,233,296.13 \$ 59.58 2.863 \$ 343.82 \$ 1 1,027,734.07 \$ 39.25 .365 \$ 124.88 \$ 1,027,734.07 \$ 185,903.20 \$ 125,000 \$ 12	1GIBLE 170.56 14.33 2.59 1.81 .01 .17 .00 .55
@TOTAL, ALL PROVIDERS 35,581 205,317 \$ 12,233,296.13 \$ 59.58 2.863 \$ 343.82 \$ 1 @PHYSICIANS SERVICES 8,230 26,182 \$ 1,027,734.07 \$ 39.25 .365 \$ 124.88 \$ OUTPATIENT VISITS 3,760 4,425 185,903.20 42.01 .062 49.44 OFFICE VISITS 3,137 3,646 129,865.95 35.62 .051 41.40	170.56 14.33 2.59 1.81 .01 .17 .00 .55
@PHYSICIANS SERVICES 8,230 26,182 \$ 1,027,734.07 \$ 39.25 .365 \$ 124.88 \$ OUTPATIENT VISITS 3,760 4,425 185,903.20 42.01 .062 49.44 OFFICE VISITS 3,137 3,646 129,865.95 35.62 .051 41.40	14.33 2.59 1.81 .01 .17 .00 .55
OUTPATIENT VISITS       3,760       4,425       185,903.20       42.01       .062       49.44         OFFICE VISITS       3,137       3,646       129,865.95       35.62       .051       41.40	2.59 1.81 .01 .17 .00 .55
OFFICE VISITS 3,137 3,646 129,865.95 35.62 .051 41.40	1.81 .01 .17 .00 .55
5/10 12515	.01 .17 .00 .55
HOME VISITS 5 6 377.80 62.97 .000 75.56	.17 .00 .55 .05
EMERGENCY ROOM 200 226 11,869.85 52.52 .003 59.35	.00 .55 .05
PREVENTIVE CARE 2 2 82.72 41.36 .000 41.36	.55 .05
OB VISITS/COMPRE PERI 373 401 39,803.30 99.26 .006 106.71	.05
OTHER OUTPATIENT 117 144 3,903.58 27.11 .002 33.36	
INPATIENT VISITS 421 1,658 116,368.96 70.19 .023 276.41	1.62
HOSPITAL VISITS 389 1,204 54,096.31 44.93 .017 139.07	.75
CRITICAL CARE 52 448 62,052.75 138.51 .006 1193.32	.87
SNF/ICF/TRANS IP CARE 5 6 219.90 36.65 .000 43.98	.00
OPHTHALMOLOGICAL SERVICES 145 173 8,107.73 46.87 .002 55.92	.11
EXAMINATIONS 143 171 8,067.73 40.87 .002 55.92	.11
SERVICES AND MATERIALS 2 2 40.00 20.00 .000 20.00	.00
INPATIENT HOSPITAL SURGERY 563 2,497 296,410.22 118.71 .035 526.48	4.13
PRINCIPAL SURGEON 341 400 234,094.41 585.24 .006 686.49	3.26
	.17
ASSISTANT SURGEON 69 70 12,019.52 171.71 .001 174.20 ANESTHESIOLOGIST 270 2,027 50,296.29 24.81 .028 186.28	.70
OUTPATIENT SURGERY 611 1,752 110,626.08 63.14 .024 181.06	1.54
PRINCIPAL SURGEON 459 593 84,006.48 141.66 .008 183.02	1.17
ASSISTANT SURGEON 13 1,573.33 121.03 .000 121.03	.02
ANESTHESIOLOGIST 192 1,146 25,046.27 21.86 .016 130.45	.35
DIALYSIS 9 19 1,845.92 97.15 .000 205.10	.03
PATHOLOGY 308 459 6,109.90 13.31 .006 19.84	.09
RADIOLOGY 2,802 4,360 157,431.55 36.11 .061 56.19	2.19
PSYCHIATRY 11 12 436.07 36.34 .000 39.64	.01
IMMUNIZATION AND INJECTION 168 601 12,190.70 20.28 .008 72.56	.17
OTHER SERVICES/ALL X-OVERS 2,121 10,226 132,303.74 12.94 .143 62.38	1.84
@PHARMACY 18,866 60,609 \$ 3,379,046.79 \$ 55.75 .845 \$ 179.11 \$	47.11
PRESCRIPTION DRUGS 18,688 51,216 3,288,086.34 64.20 .714 175.95	45.84
SNF/ICF 102 669 30,822.11 46.07 .009 302.18	.43
OUTPATIENTS 18,590 50,547 3,257,264.23 64.44 .705 175.22	45.41
MEDICAL SUPPLIES 769 9,393 90,960.45 9.68 .131 118.28	1.27
@DENTIST 3,267 15,677 \$ 594,156.13 \$ 37.90 .219 \$ 181.87 \$ VISITS - DIAGNOSTIC 2,177 9,468 141,421.49 14.94 .132 64.96	8.28
VISITS - DIAGNOSTIC 2,177 9,468 141,421.49 14.94 .132 64.96	1.97
ORAL SURGERY 469 1,267 66,558.40 52.53 .018 141.92	.93
DRUGS 66 79 1,510.00 19.11 .001 22.88	.02
ANESTHESIA 41 42 3,800.00 90.48 .001 92.68	.05
PERIODONTICS 98 107 16,764.00 156.67 .001 171.06	.23
ENDODONTICS 265 594 78,501.25 132.16 .008 296.23	1.09
RESTORATIVE DENTISTRY 1,188 3,390 218,517.90 64.46 .047 183.94	3.05
PROSTHETICS 9 9 280.00 31.11 .000 31.11	.00
DENTURES, STAYPLATES 113 385 46,225.00 120.06 .005 409.07	.64
SPACE MAINTAINERS         20         26         2,590.00         99.62         .000         129.50	.04
MAXILLOFACIAL SERVICES 8 8 468.09 58.51 .000 58.51	.01
FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00	.00

ORTHODONTIC SERVICES ALL OTHER SERVICES	154 63	202 100		16,695.00 825.00		82.65 8.25	.003	108.41 13.10		.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	ES MON	025.00 NTH-OF-PAYMENT RE	PORT			C 2003	P	AGE 18,350
MOP024	FEE-FOR-SERVICE		aoa	moma r						01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	SUC -	- IOIAL			MON	THLY AVERAG	יתר	
71 724 ELICIDIES	HCEDC	INTER OF CEDUTOR		EXDENDIBLE	7/ 7/ 7/17		_			COST PER
71,724 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST	UNITS/DAYS	COST PER		
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	884	2,376	\$	54,197.13	\$	22.81	.033 \$	61.31	\$	.76
DIAGNOSTIC AND ANC. PROCED	560	580		26,193.28		45.16	.008	46.77		.37
EYE APPLIANCES	636	1,773		27,169.56		15.32	.025	42.72		.38
OTHER OPTOMETRIC SERVICES	24	23		834.29		36.27	.000	34.76		.01
@CHIROPRACTOR	197	392	\$	6,253.08	\$	15.95	.005 \$	31.74	\$	.09
VISITS	186	371		5,985.76		16.13	.005	32.18		.08
OTHER SERVICES	11	21		267.32		12.73	.000	24.30		.00
@PODIATRIST	62	100	\$	1,932.30	\$	19.32	.001 \$	31.17	\$	.03

MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	10	14	466.32	33.31	.000	46.63	.01
SURGERY/ANES.	1	1	84.14	84.14	.000	84.14	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	54	85	1,381.84	16.26	.001	25.59	.02
@HOME HEALTH AGENCY	198	282 \$	14,166.18	\$ 50.23	.004		
NURSE ANESTHESIST	13	73 \$	1,112.14	\$ 15.23	.001		\$ .02
NURSE MIDWIFE	56	105 \$	40,219.28	\$ 383.04		\$ 718.20	\$ .56
DEDIATRIC MURSE DRACTITIONER	0	0 \$	.00	\$ .00		\$ .00	
FAMILY NURSE PRACTITIONER	527	1,173 \$	18,621.03	\$ 15.87		\$ 35.33	
@TOTAL HOSPITAL	527 5,902 625	28,513 \$	4,563,794.30	\$ 160.06	.398		
HOSP INPATIENT TOTAL	625	2,819	3,794,412.01	1346.01	.039	6071.06	52.90
HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY	84	775	1,020,807.18	1317.17	.011	12152.47	14.23
NON-HSC HOSPITAL TOTAL	480	1,877	2,722,793.26	1450.61	.026	5672.49	37.96
ACCOMMODATIONS	479	1,877	742,078.64	395.35	.026	1549.22	10.35
ADMINICTPATIVE DAVO	4,7	77	17,191.86	223.27	.020	2865.31	.24
TRANSTITIONAL TO CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	475	1,800	724,886.78	402.71	.025	1526.08	10.11
ANCTITADIFC	170	0	1,980,714.62	.00	.000	4135.10	27.62
TNDATTENT CDOCCOVEDC	62	167	50,811.57	304.26	.002	819.54	.71
ALI OTHER INDATIENT	02	0	.00	.00	.002	.00	.00
ALL OTHER INPATTENT	5 567	25,694	769,382.29	29.94	.358	138.20	10.73
MEDICAL	1 647	2,276	109,382.29	48.00	.032	66.33	1.52
SURGERY	468	573	28,025.18	48.91	.008	59.88	.39
PATHOLOGY	2,223	8,473	107,852.11	12.73	.118	48.52	1.50
	2,243	0,4/3		57.95		78.23	2.55
RADIOLOGY	2,340 2,782	3,159	183,062.57		.044		
ROOM USE	2,/82	3,983	156,445.50	39.28 25.55	.056	56.23	2.18
CROSSOVERS/ALL OTH OUTPINT	2,144	7,230	184,752.45		.101	86.17	2.58
@COUNTY HOSPITAL TOTAL	20	77 \$	6,279.85	\$ 81.56	.001		
ROOM USE CROSSOVERS/ALL OTH OUTPTNT  @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	2	4	4,346.02	1086.51	.000	2173.01	.06
HSC HOSPITALS	2	4	4,346.02	1086.51	.000	2173.01	.06
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	19	73	1,933.83	26.49	.001	101.78	.03
	6	12	479.24	39.94	.000	79.87	.01
SURGERY	2	3	79.25	26.42	.000	39.63	.00
PATHOLOGY	6	18	260.78	14.49	.000	43.46	.00
RADIOLOGY	2	9	187.40	20.82	.000	93.70	.00
ROOM USE	7	11	495.05	45.00	.000	70.72	.01
CROSSOVERS/ALL OTH OUTPTNT	12	20	432.11	21.61	.000	36.01	.01
		S AND EXPENDITURES M	IONTH-OF-PAYMENT RE	PORT FOR JAN 2003	THRU D	EC 2003	PAGE 18,351
	FEE-FOR-SERVICE/						01/29/04
YUBA COUNTY S	SUMMARY OF SERVI	CES FOR MN - NO SOC	! - TOTAL				
						NTHLY AVERA	
71 724 ELTGIBLES	HISERS	INITS OF SERVICE	PARITHIGHES	AVERAGE COST HNI	PVAT/PT	COST DEB	COST DEB

71,724 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 5,884 28,436 4,557,514.45 \$ 160.27 .396 \$ 774.56 \$ 63.54 COMM HOSP INPATIENT TOTAL 623 2,815 3,790,065.99 1346.38 .039 6083.57 52.84 HSC HOSPITALS 82 771 1,016,461.16 1318.37 .011 12395.87 14.17 NON-HSC HOSPITALS TOTAL 480 1,877 2,722,793.26 .026 5672.49 37.96 1450.61 479 1,877 10.35 ACCOMMODATIONS 742,078.64 395.35 .026 1549.22 ADMINISTRATIVE DAYS 6 77 17,191.86 223.27 .001 2865.31 .24 .00 0 0 .00 .00 .00 TRANSITIONAL IP CARE .000 475 724,886.78 .025 10.11 ALL OTHER ACCOM 1,800 402.71 1526.08 479 4135.10 27.62 ANCILLARIES 0 1,980,714.62 .00 .000

INPATIENT CROSSOVERS	62	167		50,811.57		304.26	.002		819.54		.71
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	5,550	25,621		767,448.46		29.95	.357		138.28		10.70
MEDICAL	1,641	2,264		108,765.24		48.04	.032		66.28		1.52
SURGERY	466	570		27,945.93		49.03	.008		59.97		.39
PATHOLOGY	2,217	8,455		107,591.33		12.73	.118		48.53		1.50
RADIOLOGY	2,338	3,150		182,875.17		58.06	.044		78.22		2.55
ROOM USE	2,775	3,972		155,950.45		39.26	.055		56.20		2.17
CROSSOVERS/ALL OTH OUTPTNT	2,133	7,210		184,320.34		25.56	.101		86.41		2.57
COMPAND HOODERST	0	, 0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	0	0	·	.00	•	.00	.000	·	.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	112	2,821	\$	399,252.31	\$	141.53	.039	\$	3564.75	\$	5.57
LEV A-INTERMEDIATE	0	, 0	·	.00	•	.00	.000	•	.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	112	2,821		399,252.31		141.53	.039		3564.75		5.57
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	37	614	\$	35,867.39	\$	58.42	.009	\$	969.39	\$	.50
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	37	614		35,867.39		58.42	.009		969.39		.50
@REHABILITATION FACILITY	10	25	\$	1,424.90	\$	57.00	.000	\$		\$	.02
HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY	9	24		1,403.71		58.49	.000		155.97		.02
INDEPENDENT FACILITY	1	1		21.19		21.19	.000		21.19		.00
@LABORATORY FACILITY	2,655	24 1 10,817	\$	153,062.38	\$		.151	\$		\$	2.13
PATHOLOGY	2,650	10,812		153,017.88		14.15	.151		57.74		2.13
XO AND OTHERS	5	5		44.50		8.90	.000		8.90		.00
@ORGANIZED OUTPATIENT CLINIC		20,858	\$		\$	75.21	.291	\$		\$	21.87
CLINIC	523	1,823		50,678.70		27.80	.025		96.90		.71
SURGICENTER	101	461		16,651.07		36.12	.006		164.86		.23
HEROIN DETOX CLINIC	7	106		1,127.53		10.64	.001		161.08		.02
	11,734	18,468							127.86		20.92
#CALIF DEPT OF HEALTH SERV			RES MC	NTH-OF-PAYMENT RE	EPOR'	r for Jan 2	1003 THRU	DEC	2003	PI	AGE 18,352
MOP024	FEE-FOR-SERVICE/DE										01/29/04
YUBA COUNTY	SUMMARY OF SERVICE	S FOR MN - N	O SOC	- TOTAL							
E1 E04			_				M	ONT	HLY AVERA	GE -	

					1.0.		0_
71,724 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	4,972	34,700 \$	373,685.66	\$ 10.77	.484	\$ 75.16	\$ 5.21
DURABLE MED. EQUIP.	239	321	34,525.68	107.56	.004	144.46	.48
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	31	32	8,002.93	250.09	.000	258.16	.11
MEDICAL TRANSPORTATION	521	7,030	95,170.32	13.54	.098	182.67	1.33
AMBULANCES/AIR TRANS	479	4,423	65,124.36	14.72	.062	135.96	.91
OTHER TRANS	27	2,396	9,627.46	4.02	.033	356.57	.13
OTHER SERVICES	28	211	20,418.50	96.77	.003	729.23	.28
ACUPUNCTURE	5	18	313.58	17.42	.000	62.72	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	102	102	10,657.50	104.49	.001	104.49	.15
IHMC, MODEL-NF, NF, AIDS, MSSP	30	228	16,039.71	70.35	.003	534.66	.22
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	698	1,508	15,891.85	10.54	.021	22.77	.22
PHYSICAL THERAPIST	37	128	1,976.76	15.44	.002	53.43	.03
PORTABLE X-RAY	2	4	2.64	.66	.000	1.32	.00
PROSTHETIST/ORTHOTISTS	132	288	20,213.46	70.19	.004	153.13	.28

PROSTHETICS	129	284	19,867.77	69.96	.004	154.01	.28
ORTHOTICS	4	4	345.69	86.42	.000	86.42	.00
PSYCHOLOGIST	2	8	151.94	18.99	.000	75.97	.00
SPEECH AND AUDIOLOGY	110	219	12,217.00	55.79	.003	111.06	.17
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,666	12,839	126,835.21	9.88	.179	47.58	1.77
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	559	11,975	31,687.08	2.65	.167	56.69	.44
@CALIF. CHILDREN SERVICES*	201	1,835	\$ 529,497.97	\$ 288.55	.026	\$ 2634.32	\$ 7.38
@XOVER EXCLUDING STATE HOSP**	1,512	10,569	\$ 223,396.12	\$ 21.14	.147	\$ 147.75	\$ 3.11

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,353 FEE-FOR-SERVICE/DENTAL

01/29/04

YUBA COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

						MON'	THLY AVERAG	E
142 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	214	2,231 \$	164,155.54	\$	73.58	15.711 \$	767.08	\$ 1156.02
@PHYSICIANS SERVICES	43	92 \$	1,322.57	\$	14.38	.648 \$	30.76	\$ 9.31
OUTPATIENT VISITS	0	0	.00		.00	.000	.00	.00
OFFICE VISITS	0	0	.00		.00	.000	.00	.00
HOME VISITS	0	0	.00		.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00		.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00		.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00		.00	.000	.00	.00
INPATIENT VISITS	0	0	.00		.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00		.00	.000	.00	.00
CRITICAL CARE	0	0	.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000	.00	.00
EXAMINATIONS	0	0	.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00		.00	.000	.00	.00
DIALYSIS	0	0	.00		.00	.000	.00	.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00
RADIOLOGY	3	2	15.49		7.75	.014	5.16	.11
PSYCHIATRY	0	0	.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	41	90	1,307.08		14.52	.634	31.88	9.20
@PHARMACY	148	959 \$	73,460.58	\$	76.60	6.754 \$		\$ 517.33
PRESCRIPTION DRUGS	144	666	71,658.64		107.60	4.690	497.63	504.64
SNF/ICF	23	148	6,220.64		42.03	1.042	270.46	43.81
OUTPATIENTS	121	518	65,438.00		126.33	3.648	540.81	460.83
MEDICAL SUPPLIES	18	293	1,801.94		6.15	2.063	100.11	12.69
@DENTIST	8	25 \$	1,492.00	\$	59.68	.176 \$	186.50	
VISITS - DIAGNOSTIC	6	23	149.00		6.48	.162	24.83	1.05
ORAL SURGERY	1	3CR	228.00CF	3	76.00	.021CR	228.00CR	1.61CR

DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	1	4	1,571.00		.028	1571.00		11.06
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	1	1	.00	.00	.007	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURE	S MONTH-OF-PAYMENT	REPORT FOR JAN	2003 THRU DE	C 2003	Р	AGE 18,354
MOP024	FEE-FOR-SERVICE							01/29/04
YUBA COUNTY		CES FOR MN - SOC	- AGED	AID CODE 17	1Y			
10211 0001111	Solumet of Servi	1010 1011 1111 200	11022	1112 0022 17	MON	THLY AVERA	GE	
142 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		COST PER
	0.0	OR DAYS OF CARE		PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	6		\$ 525.89		.092 \$			3.70
DIAGNOSTIC AND ANC. PROCED	Õ	0	.00		.000	.00	٧	.00
EYE APPLIANCES	5	9	506.17		.063	101.23		3.56
OTHER OPTOMETRIC SERVICES	2	4	19.72		.028	9.86		.14
@CHIROPRACTOR	0		\$ .00		.000 \$		Ś	.00
VISITS	0	0	.00		.000	.00	٧	.00
OTHER SERVICES	0	0	.00		.000	.00		.00
@PODIATRIST	2		\$ 6.47		.021 \$		Ġ	.05
MEDICINE/INJECTIONS	0	0	.00		.000	.00	٧	.00
SURGERY/ANES.	0	0	.00		.000	.00		.00
RADIO./PATHOLOGY	0	Ö	.00		.000	.00		.00
OTHER	2	3	6.47		.021	3.24		.05
@HOME HEALTH AGENCY	0	0	\$ .00		.000 \$		\$	.00
NURSE ANESTHESIST	0	0	\$ .00		.000 \$		Š	.00
NURSE MIDWIFE	0	0	\$ .00		.000 \$		Š	.00
PEDIATRIC NURSE PRACTITIONER	•	0	\$ .00		.000 \$		Š	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00		.000 \$		\$	.00
@TOTAL HOSPITAL	18	138	\$ 9,807.88		.972 \$		Ś	69.07
HOSP INPATIENT TOTAL	10	92	7,665.24		.648	766.52	٧	53.98
HSC HOSPITALS	0	0	.00		.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.000	.00		.00
ACCOMMODATIONS	0	0	.00		.000	.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00		.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.000	.00		.00
ALL OTHER ACCOM ANCILLARIES	0	0	.00		.000	.00		.00
INPATIENT CROSSOVERS	10	92	7,665.24		.648	766.52		53.98
	0	92	•					
ALL OTHER INPATIENT	10	46	.00		.000	.00		.00 15.09
HOSP OUTPATIENT TOTAL	0	46	2,142.64		.324	214.26		
MEDICAL	0	0	.00		.000	.00		.00
SURGERY			.00		.000	.00		.00
PATHOLOGY	0	0	.00		.000	.00		.00

0

0

0

0

0

0

0

0

46

.00

.00

.00

.00

.00

.00

.00

.00

.00

\$

2,142.64

.00

.00

.00

.00

.00

.00

.00

.00

.00

46.58

.000

.000

.324

.000

.000

.000

.000

.000

.000

.000

\$

.00

.00

.00

.00

.00

.00

.00

.00

.00

\$

214.26

.00

.00

.00

.00

.00

.00

.00

.00

.00

15.09

0

0

0

0

0

0

0

0

10

RADIOLOGY

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ROOM USE

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN 2	003 THRU DE	C 2003	PAGE 18,355
MOP024	FEE-FOR-SERVICE/DI	ENTAL					01/29/04
YUBA COUNTY	SUMMARY OF SERVICE	ES FOR MN - SOC -	- AGED A	AID CODE 17	1Y		
					MON'	THLY AVERAG	E
142 ELIGIBLES	USERS UI	NITS OF SERVICE	EXPENDITURES AV	ERAGE COST	UNITS/DAYS	COST PER	COST PER

COMM HOSPITAL TOTAL   18			OR DAYS OF CARE			DEB	עמת/ יידואוו	PER ELIG		USER		ELIGIBLE
COMM HOSP INPATIENT TOTAL	@COMMINITY HOSPITAL TOTAL	18		Ś	9 807 88		- ,	_				
HOS HOSPITALS TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				٧	•	Υ			٧		٧	
Non-Rect Inspiralar Stotal.   0					•							
ACCOMMODATIONS  AMMINISTRATIVE DAYS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		~	0									
TRANSITIONAL IP CAME  TRANSITIONAL IP CAME  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		-	0									
TRANSITIONAL 1F CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		· ·	0									
ALL OTHER ACCOM  ANCILARIES  O  O  O  ANCILARIES  O  O  LIMBATLENT (CROSSOVERS  D  O  O  LOVER INFATIENT COSSOVERS  O  O  LOVER INFATIENT COTAL  O  O  COLOR OTTATIENT TOTAL  O  O  O  O  O  O  O  O  O  O  O  O  O		· ·	0									
ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		-	0									
ALL OTHER INPATIENT COSSOVERS 10 92 7,665,24 83,32 6,48 765,52 53,98 ALL OTHER INPATIENT TOTAL 10 46 2,142,64 46,58 3,324 214,26 15,09 MEDICAL STREET TOTAL 10 46 2,142,64 46,58 3,324 214,26 15,09 MEDICAL STREET TOTAL 10 46 2,142,64 46,58 3,324 214,26 15,09 MEDICAL STREET TOTAL 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		•	0									
ALL OTHER INPATIENT  O												
MEDICAL   NEW PARTIES   10		_ ·			·							
MEDICAL   0												
SURGERY												
PATHOLOGY		~	-									
RADIOLOGY 0 0 0 .00 .00 .000 .000 .000 .000 .00	SURGERY	-	0									
ROOM USER	PATHOLOGY	-	0					.000				
CROSSOVERS/ALL OTH OUTPTNT 10 46 2,142.64 46.58 1324 214.26 15.09 STATE HOSPITAL 0 0 0 \$ .00 .00 .00 .00 .00 .00 .00 .00	RADIOLOGY	0			.00		.00	.000		.00		.00
SETATE HOSPITAL	ROOM USE	0	0		.00		.00	.000		.00		.00
MENTRALLY ILL	CROSSOVERS/ALL OTH OUTPTNT	10	46		2,142.64		46.58	.324		214.26		15.09
DEVELOP. DISABLED   0	@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DEVELOP. DISABLED	MENTALLY ILL	0	0		.00		.00	.000		.00		.00
SMILESING FACILITY	DEVELOP. DISABLED	0	0					.000		.00		.00
LEV A-INTERMEDIATE		21	515	\$		\$			\$		\$	
LEV B-REHAB MD		0	0	•			.00		•			
LEV B-SUBACUTE FRESITADING 0 0.00 .00 .00 .00 .00 .00 .00 .00 .00		0										
LEV B-SUBACUTE HSDTL BASED 0 0 0 00 00 00 00 00 00 00 00 00 00 00		~										
LEV B-TRANSITIONAL IP CARE    21		~	•									
ELY B-REGULAR 21 515 67,462.24 130.99 3.627 3212.49 475.09 (ENTERMEDIATE CARE FACILDD 0 0 \$ .0		~										
### Company of the co												
ICF DDH				Ġ		Ġ			Ġ		Ġ	
TICF DD				Ą		Ą			Ą		Ą	
TICF DDN/DDCN												
### OTLATYSIS TOTAL 3 9 \$ 4,485.88 \$ 498.43 .063 \$ 1495.29 \$ 31.59 HOSPITAL BASED 0 0 0 .00 .00 .00 .00 .00 .00 .00 HEMODIALYSIS CENTER 3 9 4,485.88 498.43 .063 \$ 1495.29 \$ 31.59 ### ARMSULANCES/SURVINES CONTER 3 9 4,485.88 498.43 .063 \$ 1495.29 \$ 31.59 ### ARMSULANCES/SURVINES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THEU DEC 2003 PAGE 18.356 AMBELE THEOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			•									
HOSPITAL BASED  0 0 0 4,485.88 498.43 .063 1495.29 31.59  **REHABILITATION FACILITY		0		4		à			4		4	
### HEMODIALYSIS CENTER 3 9 4,485.88 498.43 .063 1495.29 31.59 ### HEMODIALYSIS CENTER 0 0 0 \$ .00 \$ .00 .000 \$ .0		3	-	Ş		Ş			Ş		Ş	
### REHABILITATION FACILITY 0 0 0 \$ .00 \$ .00 .000 \$ .		0										
HOSPITAL BASED		3		4.					4.		4.	
INDEPENDENT FACILITY		0	0	\$		\$			\$		\$	
## ABORATORY FACILITY		0	0									
PATHOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	INDEPENDENT FACILITY	0	0									
XO AND OTHERS	@LABORATORY FACILITY	1	1	\$		\$	8.93	.007	\$		\$	
©ORGANIZED OUTPATIENT CLINIC         25         35         \$         938.38         \$         26.81         .246         \$         37.54         \$         6.61           CLINIC         0         0         0         .00	PATHOLOGY	0	0					.000				
CLINIC   0   0   0   0   0   0   0   0   0	XO AND OTHERS	1	1		8.93		8.93	.007		8.93		.06
SURGICENTER   0   0   0   0   0   0   0   0   0	@ORGANIZED OUTPATIENT CLINIC	25	35	\$	938.38	\$	26.81	.246	\$	37.54	\$	6.61
HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 .00 RURAL HEALTH CLINIC 25 35 .938.38 26.81 .246 37.54 6.61 #CALIF DEPT OF HEALTH SERV MOPD 24 YUBA COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED ALL OTHER PROVIDERS AND EXPENDITURES OR DAYS OF CARE OR DAYS OF CARE OR DAYS OF CARE PER UNITS OB SERVICE SOR DAYS OF CARE PER UNITS OB SERVICE SOR DEPT OR DAYS OF CARE PER UNITS OB SERVICE SOR DEPT OR DAYS OF CARE PER UNITS OB SERVICE SOR DEPT OR DAYS OF CARE PER UNITS OB SERVICE SOR DEPT OR DAYS OF CARE PER UNITS OB SERVICE PER UNITS	CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MCD024 YUBA COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED  #CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK DURABLE MED. EQUIP. BLOOD	SURGICENTER	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,356 MOP024  YUBA COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y	HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,356 MOP024 SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y MONTHLY AVERAGE MONTHLY AVERAGE MONTHLY AVERAGE COST DER COST PER COST PER COST PER COST PER UNIT/DAY PER ELIG USER ELIGIBLE USER ELIGIBLE DURABLE MED. EQUIP. 1 1 29.53 3.106 \$ 113.29 \$ 32.71 DURABLE MED. EQUIP. 1 1 29.53 29.53 .007 29.53 .21 BLOOD BANK 0 0 0 .00 .00 .00 .00 .00 .00 .00 MEDICAL TRANSPORTATION 6 332 2,487.78 7.49 2.338 414.63 17.52 AMBULANCES/AIR TRANS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		25	35				26.81	.246				6.61
MOP024				S M	ONTH-OF-PAYMENT R	EPORT			DEC		P	
YUBA COUNTY         SUMMARY OF SERVICES FOR MN - SOC - AGED         AID CODE 17 1Y         MONTHLY AVERAGE			-									
142 ELIGIBLES				۰ _	AGED	ΔΤ	D CODE 17	1 Y				
142 ELIGIBLES         USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES         AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG         COST PER ELIGIBLE           @ALL OTHER PROVIDERS         41         441 \$ 441 \$ 4,644.72 \$ 10.53 3.106 \$ 113.29 \$ 32.71           DURABLE MED. EQUIP.         1         1         29.53 29.53 .007 29.53 .21           BLOOD BANK         0         0         .00 .00 .00 .00 .00 .00         .00 .00           HEARING AID DISPENSERS         0         0         .00 .00 .00 .00 .00 .00         .00 .00           MEDICAL TRANSPORTATION         6         332 2,487.78 7.49 2.338 414.63 17.52           AMBULANCES/AIR TRANS         0         0         .00 .00 .00 .00 .00 .00         .00 .00	10211 000111	Sommer of Shieve	ICES FOR THE SOC	•	11022		D CODE I		ONT	HLY AVERA	GE	
OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER         ELIGIBLE           @ALL OTHER PROVIDERS         41         441         \$ 4,644.72         \$ 10.53         3.106         \$ 113.29         \$ 32.71           DURABLE MED. EQUIP.         1         1         29.53         29.53         .007         29.53         .21           BLOOD BANK         0         0         .00         .00         .00         .00         .00         .00           HEARING AID DISPENSERS         0         0         .00         .00         .00         .00         .00         .00         .00           MEDICAL TRANSPORTATION         6         332         2,487.78         7.49         2.338         414.63         17.52           AMBULANCES/AIR TRANS         0         0         .00         .00         .00         .00         .00         .00	142 ELIGIBLES	IISERS	INITS OF SERVICE		EXPENDITIRES	Δ1/17	RAGE COST		-		-	
@ALL OTHER PROVIDERS         41         441 \$ 441 \$ 4,644.72 \$ 10.53 3.106 \$ 113.29 \$ 32.71           DURABLE MED. EQUIP.         1         1         29.53 29.53 .007 29.53 .21           BLOOD BANK         0         0         .00 .00 .00 .00 .00 .00         .00 .00           HEARING AID DISPENSERS         0         0         .00 .00 .00 .00 .00 .00         .00 .00           MEDICAL TRANSPORTATION         6         332 2,487.78 7.49 2.338 414.63 17.52           AMBULANCES/AIR TRANS         0         0         .00 .00 .00 .00 .00 .00         .00 .00	IIZ HHICIDHHO	OBLIG			HALL BIND I TOKED							
DURABLE MED. EQUIP.       1       1       29.53       29.53       .007       29.53       .21         BLOOD BANK       0       0       .00 <t< td=""><td>@AI.I. OTHER DROWINERS</td><td><b>4</b>1</td><td></td><td>Ġ</td><td>A 6AA 72</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	@AI.I. OTHER DROWINERS	<b>4</b> 1		Ġ	A 6AA 72							
BLOOD BANK         0         0         .00<				۲		ų			Ą		ų	
HEARING AID DISPENSERS       0       0       .00 </td <td></td>												
MEDICAL TRANSPORTATION       6       332       2,487.78       7.49       2.338       414.63       17.52         AMBULANCES/AIR TRANS       0       0       .00       .00       .00       .00       .00       .00												
AMBULANCES/AIR TRANS 0 0 .00 .00 .00 .00 .00 .00 .00		~										
OTHER TRANS 4 298 2,463.44 8.27 2.099 615.86 17.35		~										
	OTHER TRANS	4	298		2,463.44		8.27	2.099		615.86		1/.35

OTHER SERVICES	2	34	24.34	.72	.239	12.17	.17
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	20	245.75	12.29	.141	30.72	1.73
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.50	.50	.007	.50	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	28	87	1,881.16	21.62	.613	67.18	13.25
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	83	536	\$ 20,909.25	\$ 39.01	3.775	\$ 251.92	\$ 147.25

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,357 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

----- MONTHLY AVERAGE -----02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 176.76 353.51 \$ 883.78 @TOTAL, ALL PROVIDERS 10 1,767.55 \$ 5.000 \$ @PHYSICIANS SERVICES 44.68 44.68 .500 \$ 44.68 \$ 22.34 1 \$ OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 HOME VISITS .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 CRITICAL CARE .00 .000 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 EXAMINATIONS .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 INPATIENT HOSPITAL SURGERY .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .000 .00 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 ANESTHESIOLOGIST .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 0 PATHOLOGY 0 .00 .00 .000 .00 .00 .00 .00 RADIOLOGY 0 .000 0 .00 .00 **PSYCHIATRY** .00 .00 .000 .00 .00

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		44.68	4.	4.68	.500	44.68		22.34
@PHARMACY	0	0	\$	3.20CR		.00	.000 \$		\$	1.60CR
PRESCRIPTION DRUGS	0	0	Υ	3.20CR	4	.00	.000	.00	τ.	1.60CR
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	0	0		3.20CR		.00	.000	.00		1.60CR
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000 \$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0	•	.00	•	.00	.000	.00		.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		ES MO	ONTH-OF-PAYMENT RE	PORT FO	R JAN	2003 THRU DE	C 2003	P	PAGE 18,358
MOP024	FEE-FOR-SERVICE/DEN									01/29/04
YUBA COUNTY	SUMMARY OF SERVICES	FOR MN - SO	C - E	BLIND	AI	CODE				
								ITHLY AVERA	_	
02 ELIGIBLES		TS OF SERVICE		EXPENDITURES			UNITS/DAYS	COST PER		COST PER
	OR	DAYS OF CARE			PER UN			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000 \$		\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000 \$	.00	\$	.00

02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	RAGE COST	UNITS/DAY	COST PER	.01	COST PER
		OR DAYS OF CARE		UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		.00
EYE APPLIANCES	0	0	.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
VISITS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	0	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00

DADTOLOGY	0		`		0.0		0.0	0.00	0.0		.00
RADIOLOGY ROOM USE	0	(			.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	(			.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	(			.00	4				4	.00
	0	(	) \$			\$	.00			\$	
CO HOSPITAL INPATIENT TOTAL	0	(	)		.00		.00	.000	.00		.00
HSC HOSPITALS	0	(	)		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	(	)		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	(	)		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	(	)		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	(	)		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	(	)		.00		.00	.000	.00		.00
ANCILLARIES	0	(	)		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	(	)		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	(	)		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	(	)		.00		.00	.000	.00		.00
MEDICAL	0	(	)		.00		.00	.000	.00		.00
SURGERY	0	(	)		.00		.00	.000	.00		.00
PATHOLOGY	0	(	)		.00		.00	.000	.00		.00
RADIOLOGY	0	(	)		.00		.00	.000	.00		.00
ROOM USE	0	(	)		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	(	)		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		TURES	MONTH-OF	-PAYMENT RE	PORT F	OR JAN 2	003 THRU D	EC 2003	PA	GE 18,359
MOP024	FEE-FOR-SERVICE										01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR MN -	- SOC	- BLIND		P	AID CODE	27			
								MC	NTHLY AVERA	GE -	
02 ELIGIBLES	USERS	UNITS OF SERV	/ICE	EXPI	ENDITURES	AVERA	GE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF (	CARE			PER U	NIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	(	) \$		.00	\$	.00	.000	\$ .00	\$	.00
COMM HOSP INPATIENT TOTAL	0	(	)		.00		.00	.000	.00		.00
HSC HOSPITALS	0	(	)		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	(	)		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	(	)		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	(	)		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	(	)		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	(	)		.00		.00	.000	.00		.00
ANCILLARIES	0	(	)		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	(	)		.00		.00	.000	.00		.00

02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAYS	5 (	COST PER	COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
HSC HOSPITALS	0	0	.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00	.00
ANCILLARIES	0	0	.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
MEDICAL	0	0	.00		.00	.000		.00	.00
SURGERY	0	0	.00		.00	.000		.00	.00
PATHOLOGY	0	0	.00		.00	.000		.00	.00
RADIOLOGY	0	0	.00		.00	.000		.00	.00
ROOM USE	0	0	.00		.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000		.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
MENTALLY ILL	0	0	.00		.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00	.00
@NURSING FACILITY	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
LEV B-REGULAR	0	0	.00		.00	.000		.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
ICF DDH	0	0	.00		.00	.000		.00	.00
ICF DD	0	0	.00		.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00	.00
@HEMODIALYSIS TOTAL	2	3	\$ 1,693.46	\$	564.49	1.500	\$	846.73	\$ 846.73

HOSPITAL BASED	0	0		.00		.00	.000		00		.00
HEMODIALYSIS CENTER	2	3		1,693.46		564.49	1.500	846.	73		846.73
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.	00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.	00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		00		.00
XO AND OTHERS	0	0		.00		.00	.000		00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.	00	\$	.00
CLINIC	0	0		.00		.00	.000		00		.00
SURGICENTER	0	0		.00		.00	.000		00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURI	ES MONTH-O	F-PAYMENT RI	EPORT	r for Jan 2003	THRU I	DEC 2003		PA	GE 18,360
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR	R MN - SOO	C - BLIND			AID CODE 27					

						IIII AVEKAO	
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	6 \$	32.61	\$ 5.44	3.000 \$		\$ 16.31
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	6	32.61	5.44	3.000	16.31	16.31
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	5	10 \$	1,770.75	\$ 177.08	5.000 \$	354.15	\$ 885.38
O* MOMATO TAL MURGO T TARRO AND CITIES		ARR TATRODAGARTON TRIPAG	OBTT 37.				

----- MONTHLY AVERAGE -----

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,361
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

1021 000111	DOMINIOUS OF DEEK	VICED ION THE	, _	מבות מבות הבים בים בים בים בים בים בים בים בים בים	СОРПО	05 07 0W	0 1			
							MO	NTHLY AVERA	AGE	
154 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	:		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	245	1,782	\$	209,199.75	\$	117.40	11.571	\$ 853.88	\$	1358.44
@PHYSICIANS SERVICES	73	365	\$	8,292.93	\$	22.72	2.370	\$ 113.60	\$	53.85
OUTPATIENT VISITS	10	12		312.53		26.04	.078	31.25		2.03
OFFICE VISITS	9	10		274.13		27.41	.065	30.46		1.78
HOME VISITS	0	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	1	2		38.40		19.20	.013	38.40		.25
INPATIENT VISITS	2	4		149.27		37.32	.026	74.64		.97
HOSPITAL VISITS	2	4		149.27		37.32	.026	74.64		.97
CRITICAL CARE	0	0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	4	5		186.39		37.28	.032	46.60		1.21
EXAMINATIONS	4	5		186.39		37.28	.032	46.60		1.21
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	5	22		1,152.54		52.39	.143	230.51		7.48
PRINCIPAL SURGEON	3	4		772.44		193.11	.026	257.48		5.02

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	18	380.10		21.12	.117		190.05		2.47
OUTPATIENT SURGERY	1	15	1,150.88		76.73	.097		287.72		7.47
PRINCIPAL SURGEON	2	4	945.27		236.32	.026		315.09		6.14
		1								
ASSISTANT SURGEON	1		14.93		14.93	.006		14.93		.10
ANESTHESIOLOGIST	Ţ	10	190.68		19.07	.065		190.68		1.24
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	1	2	196.44		98.22	.013		196.44		1.28
RADIOLOGY	14	37	1,265.34		34.20	.240		90.38		8.22
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	52	268	3,879.54		14.48	1.740		74.61		25.19
@PHARMACY	155	804 \$		\$	157.14	5.221	Ś	815.08	\$	820.37
PRESCRIPTION DRUGS	152	690	124,777.15	τ	180.84	4.481	Τ.	820.90		810.24
SNF/ICF	1	3	613.41		204.47	.019		613.41		3.98
OUTPATIENTS	151	687	124,163.74		180.73	4.461		822.28		806.26
	19	114								
MEDICAL SUPPLIES			1,559.48		13.68	.740		82.08	_	10.13
@DENTIST	18	130 \$	- ,	\$	40.66		\$	293.67	\$	34.32
VISITS - DIAGNOSTIC	13	68	687.00		10.10	.442		52.85		4.46
ORAL SURGERY	5	35	1,550.00		44.29	.227		310.00		10.06
DRUGS	0	0	.00		.00	.000		.00		.00
ANESTHESIA	0	0	.00		.00	.000		.00		.00
PERIODONTICS	0	0	.00		.00	.000		.00		.00
ENDODONTICS	0	0	.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	4	19	983.00		51.74	.123		245.75		6.38
PROSTHETICS	0	0	.00		.00	.000		.00		.00
DENTURES, STAYPLATES	4	7			295.14	.045		516.50		13.42
•	4	,	2,066.00							
SPACE MAINTAINERS	0	U	.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	U	0	.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	Λ	Λ	ΛΛ		.00	.000		.00		.00
OKTHODOWITE BEKVICED	U	U	.00							
ALL OTHER SERVICES	1	1	.00		.00	.006		.00		.00
	_	U 1 CES AND EXPENDITURES	.00	REPORT	.00	.006	DEC	.00	PAG	
ALL OTHER SERVICES	_	CES AND EXPENDITURES	.00	REPOR'	.00	.006	DEC	.00		.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURES	.00 MONTH-OF-PAYMENT F		.00	.006 2003 THRU	DEC	.00		.00 E 18,362
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURES E/DENTAL	.00 MONTH-OF-PAYMENT F		.00 F FOR JAN	.006 2003 THRU		.00		.00 E 18,362
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SER	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC	.00 MONTH-OF-PAYMENT F - DISABLED AID	CODES	.00 I FOR JAN S 65 67 6W	.006 2003 THRU 6Y	IONT	.00 2003 THLY AVERA	GE	.00 E 18,362 01/29/04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC UNITS OF SERVICE	.00 MONTH-OF-PAYMENT F	CODES	.00 I FOR JAN S 65 67 6W ERAGE COST	.006 2003 THRU 6Y M UNITS/DAY	IONT:	.00 2003 HLY AVERA COST PER	GE CO	.00 E 18,362 01/29/04  ST PER
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  154 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE	.00 MONTH-OF-PAYMENT F - DISABLED AID EXPENDITURES	CODES AVI PEI	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY	.006 2003 THRU 6Y M UNITS/DAY PER ELIG	IONT:	.00 2003 HLY AVERA COST PER USER	GE CO EL	.00 E 18,362 01/29/04  ST PER IGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  154 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 30 \$	.00 MONTH-OF-PAYMENT F - DISABLED AID EXPENDITURES 538.82	CODES	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.96	.006 2003 THRU 6Y M UNITS/DAY PER ELIG .195	IONT:	.00 2003 HLY AVERA COST PER USER 44.90	GE CO EL	.00 E 18,362 01/29/04  ST PER IGIBLE 3.50
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  154 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  12 3	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 30 \$	.00 MONTH-OF-PAYMENT F DISABLED AID EXPENDITURES 538.82 114.90	CODES AVI PEI	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.96 38.30	.006 2003 THRU 6Y M UNITS/DAY PER ELIG .195 .019	IONT:	.00 2003 HLY AVERA COST PER USER 44.90 38.30	GE CO EL	.00 E 18,362 01/29/04  ST PER IGIBLE 3.50 .75
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  154 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  12 3 11	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 30 \$ 3 27	.00 MONTH-OF-PAYMENT F - DISABLED AID EXPENDITURES 538.82 114.90 423.92	CODES AVI PEI	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.96 38.30 15.70	.006 2003 THRU 6Y M UNITS/DAY PER ELIG .195 .019 .175	IONT:	.00 2003 HLY AVERA COST PER USER 44.90 38.30 38.54	GE CO EL	.00 E 18,362 01/29/04  ST PER IGIBLE 3.50 .75 2.75
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  154 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  12 3	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 30 \$ 3 27 0	.00 MONTH-OF-PAYMENT F DISABLED AID EXPENDITURES 538.82 114.90 423.92 .00	CODES AVI PEI \$	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.96 38.30 15.70 .00	.006 2003 THRU 6Y M UNITS/DAY PER ELIG .195 .019 .175 .000	IONT S \$ \$	.00 2003 HLY AVERA COST PER USER 44.90 38.30 38.54 .00	GE CO EL \$	.00 E 18,362 01/29/04  ST PER IGIBLE 3.50 .75 2.75
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  154 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  12 3 11	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 30 \$ 3 27 0 0 \$	.00 MONTH-OF-PAYMENT F - DISABLED AID EXPENDITURES 538.82 114.90 423.92 .00 .00	CODES AVI PEI	.00 F FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.96 38.30 15.70 .00	.006 2003 THRU 6Y M UNITS/DAY PER ELIG .195 .019 .175 .000 .000	IONT:	.00 2003 HLY AVERA COST PER USER 44.90 38.30 38.54 .00	GE CO EL	.00 E 18,362 O1/29/04  ST PER IGIBLE 3.50 .75 2.75 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  154 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  12 3 11	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 30 \$ 3 27 0 0 \$ 0 \$	.00 MONTH-OF-PAYMENT F - DISABLED AID EXPENDITURES 538.82 114.90 423.92 .00 .00 .00	CODES AVI PEI \$	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.96 38.30 15.70 .00 .00 .00	.006 2003 THRU 6Y M UNITS/DAY PER ELIG .195 .019 .175 .000 .000	IONT S \$ \$	.00 2003 HLY AVERA COST PER USER 44.90 38.30 38.54 .00 .00	GE CO EL \$	.00 E 18,362 O1/29/04  ST PER IGIBLE 3.50 .75 2.75 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  154 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  12 3 11	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 30 \$ 3 27 0 0 \$	.00 MONTH-OF-PAYMENT F - DISABLED AID EXPENDITURES 538.82 114.90 423.92 .00 .00 .00 .00	CODES AVI PEI \$	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.96 38.30 15.70 .00 .00	.006 2003 THRU 6Y M UNITS/DAY PER ELIG .195 .019 .175 .000 .000	IONT S \$ \$	.00 2003 THLY AVERA COST PER USER 44.90 38.30 38.54 .00 .00	GE CO EL \$	.00 E 18,362 O1/29/04  ST PER IGIBLE 3.50 .75 2.75 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  154 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  12 3 11	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 30 \$ 3 27 0 0 \$ 0 \$	.00 MONTH-OF-PAYMENT F - DISABLED AID EXPENDITURES 538.82 114.90 423.92 .00 .00 .00 .00	CODES AVI PEI \$	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.96 38.30 15.70 .00 .00 .00	.006 2003 THRU 6Y M UNITS/DAY PER ELIG .195 .019 .175 .000 .000	IONT S \$ \$	.00 2003 HLY AVERA COST PER USER 44.90 38.30 38.54 .00 .00	GE CO EL \$	.00 E 18,362 O1/29/04  ST PER IGIBLE 3.50 .75 2.75 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  154 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  12 3 11	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 30 \$ 3 27 0 0 \$ 0 0	.00 MONTH-OF-PAYMENT F - DISABLED AID EXPENDITURES 538.82 114.90 423.92 .00 .00 .00 .00	AVI PEI \$	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.96 38.30 15.70 .00 .00	.006 2003 THRU  6Y M UNITS/DAY PER ELIG .195 .019 .175 .000 .000 .000	IONT;	.00 2003 THLY AVERA COST PER USER 44.90 38.30 38.54 .00 .00	GE CO \$ \$	.00 E 18,362 O1/29/04  ST PER IGIBLE 3.50 .75 2.75 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  154 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  12 3 11	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 30 \$ 3 27 0 0 \$ 0 0 1	.00 MONTH-OF-PAYMENT F - DISABLED AID EXPENDITURES 538.82 114.90 423.92 .00 .00 .00 .00 3.72 .00	AVI PEI \$	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.96 38.30 15.70 .00 .00 .00 .00	.006 2003 THRU 6Y M UNITS/DAY PER ELIG .195 .019 .175 .000 .000 .000	IONT;	.00 2003 HLY AVERA COST PER USER 44.90 38.30 38.54 .00 .00 .00 .00	GE CO \$ \$	.00 E 18,362 O1/29/O4 ST PER IGIBLE 3.50 .75 2.75 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  154 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  12 3 11	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 30 \$ 3 27 0 0 \$ 0 1 \$ 0 0	.00 MONTH-OF-PAYMENT F - DISABLED AID EXPENDITURES 538.82 114.90 423.92 .00 .00 .00 .00 3.72 .00 .00	AVI PEI \$	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.96 38.30 15.70 .00 .00 .00 .00 3.72 .00 .00	.006 2003 THRU 6Y M UNITS/DAY PER ELIG .195 .019 .175 .000 .000 .000 .000	IONT;	.00 2003 HLY AVERA COST PER 44.90 38.30 38.54 .00 .00 .00 .00	GE CO \$ \$	.00 E 18,362 O1/29/04 ST PER IGIBLE 3.50 .75 2.75 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  154 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  12 3 11	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 30 \$ 3 27 0 0 \$ 0 0 \$ 1 \$ 0 0 0 0	.00 MONTH-OF-PAYMENT F - DISABLED AID  EXPENDITURES 538.82 114.90 423.92 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.96 38.30 15.70 .00 .00 .00 .00 3.72 .00 .00 .00	.006 2003 THRU  6Y M UNITS/DAY PER ELIG .195 .019 .175 .000 .000 .000 .000 .000 .000 .000 .0	IONT;	.00 2003 HLY AVERA COST PER USER 44.90 38.30 38.54 .00 .00 .00 .00 .00 .00	GE CO \$ \$	.00 E 18,362 O1/29/04 ST PER IGIBLE 3.50 .75 2.75 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  154 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  12 3 11	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 30 \$ 3 27 0 0 \$ 0 0 \$ 0 0 \$ 0 0 1	.00 MONTH-OF-PAYMENT F - DISABLED AID  EXPENDITURES 538.82 114.90 423.92 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.96 38.30 15.70 .00 .00 .00 .00 3.72 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.006 2003 THRU  6Y M UNITS/DAY PER ELIG .195 .019 .175 .000 .000 .000 .000 .000 .000 .000 .0	IONT; S \$ \$ \$	.00 2003 HLY AVERA COST PER USER 44.90 38.30 38.54 .00 .00 .00 .00 .00 .00 3.72 .00 .00	GE CO \$ \$	.00 E 18,362 O1/29/O4 ST PER IGIBLE 3.50 .75 2.75 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  154 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  12 3 11	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 30 \$ 27 0 0 \$ 0 1 \$ 0 0 1 \$	.00 MONTH-OF-PAYMENT F - DISABLED AID  EXPENDITURES  538.82 114.90 423.92 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.96 38.30 15.70 .00 .00 .00 .00 3.72 .00 .00 3.72 .00	.006 2003 THRU  6Y M UNITS/DAY PER ELIG .195 .019 .175 .000 .000 .000 .000 .000 .000 .000 .0	IONT	.00 2003 HLY AVERA COST PER USER 44.90 38.30 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE CO \$ \$	.00 E 18,362 O1/29/04 ST PER IGIBLE 3.50 .75 2.75 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  154 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  12 3 11	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 30 \$ 3 27 0 0 \$ 0 \$ 0 1 \$ 0 0 1 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 MONTH-OF-PAYMENT F - DISABLED AID  EXPENDITURES  538.82 114.90 423.92 .00 .00 .00 .00 .00 .00 3.72 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.96 38.30 15.70 .00 .00 .00 .00 .00 3.72 .00 .00 3.72 .00 .00 .00 .00	.006 2003 THRU  6Y M UNITS/DAY PER ELIG .195 .019 .175 .000 .000 .000 .000 .000 .000 .000 .0	ONT; \$ \$ \$ \$ \$	.00 2003 HLY AVERA COST PER USER 44.90 38.30 38.54 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE CO \$ \$	.00 E 18,362 O1/29/O4 ST PER IGIBLE 3.50 .75 2.75 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  154 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE  USERS  12 3 11 0 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE  30 \$ 3 27 0 0 \$ 0 0 \$ 0 0 \$ 1 \$ 0 0 0 \$ 1 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 0	.00 MONTH-OF-PAYMENT F - DISABLED AID  EXPENDITURES  538.82 114.90 423.92 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.96 38.30 15.70 .00 .00 .00 .00 .00 3.72 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.006 2003 THRU  6Y M UNITS/DAY PER ELIG .195 .019 .175 .000 .000 .000 .000 .000 .000 .000 .0	IONT	.00 2003 HLY AVERA COST PER USER 44.90 38.30 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE CO \$ \$	.00 E 18,362 O1/29/04 ST PER IGIBLE 3.50 .75 2.75 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  154 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE  USERS  12 3 11 0 0 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE  30	.00 MONTH-OF-PAYMENT F - DISABLED AID  EXPENDITURES  538.82 114.90 423.92 .00 .00 .00 .00 .00 3.72 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.96 38.30 15.70 .00 .00 .00 .00 .00 .00 3.72 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.006 2003 THRU  6Y M UNITS/DAY PER ELIG .195 .019 .175 .000 .000 .000 .000 .000 .000 .000 .0	IONT S \$ \$ \$ \$	.00 2003 HLY AVERA COST PER USER 44.90 38.30 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE CO \$ \$	.00 E 18,362 O1/29/04 ST PER IGIBLE 3.50 .75 2.75 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  154 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE  USERS  12 3 11 0 0 0 0 1 0 1 0 0 0 1 0 0 1 1 0 0 0 1 1 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 0 1 1 0 0 0 0 1 1 0 0 0 0 1 1 0 0 0 0 1 1 0 0 0 0 0 1 1 0 0 0 0 0 1	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 30 3 27 0 0 0 1 \$ 0 0 1 \$ 0 0 0 1 1 \$ 0 0 0 0 1 \$ 0 0 0 0 1 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 MONTH-OF-PAYMENT F - DISABLED AID  EXPENDITURES  538.82 114.90 423.92 .00 .00 .00 .00 .00 3.72 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.96 38.30 15.70 .00 .00 .00 .00 3.72 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.006 2003 THRU  6Y M UNITS/DAY PER ELIG .195 .019 .175 .000 .000 .000 .000 .000 .000 .000 .0	IONT S S S S S S S S S S S S S S S S S S S	.00 2003 HLY AVERA COST PER 44.90 38.30 38.54 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COEL \$ \$ \$ \$ \$\$\$\$\$	.00 E 18,362 01/29/04 ST PER IGIBLE 3.50 .75 2.75 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  154 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE  USERS  12 3 11 0 0 0 1 0 0 1 0 0 1 0 0 1 42	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 30 \$ 3 27 0 0 \$ 0 0 \$ 1 \$ 0 0 0 1 \$ 0 0 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1	.00 MONTH-OF-PAYMENT F - DISABLED AID  EXPENDITURES  538.82 114.90 423.92 .00 .00 .00 .00 .00 3.72 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.96 38.30 15.70 .00 .00 .00 .00 3.72 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.006 2003 THRU  6Y M UNITS/DAY PER ELIG .195 .019 .175 .000 .000 .000 .000 .000 .000 .000 .0	IONT S \$ \$ \$ \$	.00 2003 HLY AVERA COST PER 44.90 38.30 38.54 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE CEL S S S S SSSSSSS	.00 E 18,362 O1/29/O4 ST PER IGIBLE 3.50 .75 2.75 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  154 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE  USERS  12 3 11 0 0 0 0 1 0 1 0 0 0 1 0 0 1 1 0 0 0 1 1 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 0 1 1 0 0 0 0 1 1 0 0 0 0 1 1 0 0 0 0 1 1 0 0 0 0 0 1 1 0 0 0 0 0 1	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 30 3 27 0 0 0 1 \$ 0 0 1 \$ 0 0 0 1 1 \$ 0 0 0 0 1 \$ 0 0 0 0 1 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 MONTH-OF-PAYMENT F - DISABLED AID  EXPENDITURES  538.82 114.90 423.92 .00 .00 .00 .00 .00 3.72 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.96 38.30 15.70 .00 .00 .00 .00 3.72 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.006 2003 THRU  6Y M UNITS/DAY PER ELIG .195 .019 .175 .000 .000 .000 .000 .000 .000 .000 .0	IONT S S S S S S S S S S S S S S S S S S S	.00 2003 HLY AVERA COST PER 44.90 38.30 38.54 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE CEL S S S S SSSSSSS	.00 E 18,362 01/29/04 ST PER IGIBLE 3.50 .75 2.75 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  154 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE  USERS  12 3 11 0 0 0 1 0 0 1 0 0 1 0 0 1 42	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 30 \$ 3 27 0 0 \$ 0 0 \$ 1 \$ 0 0 0 1 \$ 0 0 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1	.00 MONTH-OF-PAYMENT F - DISABLED AID  EXPENDITURES  538.82 114.90 423.92 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.96 38.30 15.70 .00 .00 .00 .00 3.72 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.006 2003 THRU  6Y M UNITS/DAY PER ELIG .195 .019 .175 .000 .000 .000 .000 .000 .000 .000 .0	IONT S S S S S S S S S S S S S S S S S S S	.00 2003 HLY AVERA COST PER USER 44.90 38.30 38.54 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE CEL S S S S SSSSSSS	.00 E 18,362 O1/29/O4 ST PER IGIBLE 3.50 .75 2.75 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  154 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE  USERS  12 3 11 0 0 0 1 0 0 1 0 0 1 42 16	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 30 \$ 3 27 0 0 \$ 0 0 \$ 1 \$ 0 0 0 1 \$ 0 0 \$ 1 \$ 203 \$ 39	.00 MONTH-OF-PAYMENT F - DISABLED AID  EXPENDITURES  538.82 114.90 423.92 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.96 38.30 15.70 .00 .00 .00 .00 3.72 .00 .00 .00 3.72 .00 .00 .00 .00 19.15 226.79 973.94	.006 2003 THRU  6Y M UNITS/DAY PER ELIG .195 .019 .175 .000 .000 .000 .000 .000 .000 .000 .0	IONT S S S S S S S S S S S S S S S S S S S	.00 2003 HLY AVERA COST PER 44.90 38.30 38.54 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COL S S S S SSSSSSS	.00 E 18,362 O1/29/O4 ST PER IGIBLE 3.50 .75 2.75 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  154 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE  USERS  12 3 11 0 0 0 1 0 0 1 0 0 1 42 16 0	CES AND EXPENDITURES E/DENTAL VICES FOR MN - SOC  UNITS OF SERVICE OR DAYS OF CARE 30 \$ 27 0 0 \$ 0 \$ 0 \$ 1 \$ 0 \$ 0 \$ 0 \$ 1 \$ 20 \$ 3 \$ 3 \$ 3 \$ 3 \$ 3 \$ 3 \$ 3 \$ 3 \$ 3 \$ 3	.00 MONTH-OF-PAYMENT F - DISABLED AID  EXPENDITURES  538.82 114.90 423.92 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$	.00 I FOR JAN S 65 67 6W ERAGE COST R UNIT/DAY 17.96 38.30 15.70 .00 .00 .00 .00 3.72 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.006 2003 THRU  6Y M UNITS/DAY PER ELIG .195 .019 .175 .000 .000 .000 .000 .000 .000 .000 .0	IONT S S S S S S S S S S S S S S S S S S S	.00 2003 HLY AVERA COST PER USER 44.90 38.30 38.54 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COL S S S S SSSSSSS	.00 E 18,362 O1/29/O4 ST PER IGIBLE 3.50 .75 2.75 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	13	5,978.80	459.91	.084	1195.76	38.82
ANCILLARIES	5	0	25,678.62	.00	.000	5135.72	166.74
INPATIENT CROSSOVERS	11	26	6,326.33	243.32	.169	575.12	41.08
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	28	164	8,054.72	49.11	1.065	287.67	52.30
MEDICAL	8	10	442.66	44.27	.065	55.33	2.87
SURGERY	2	2	142.51	71.26	.013	71.26	.93
PATHOLOGY	7	22	193.50	8.80	.143	27.64	1.26
RADIOLOGY	8	34	1,059.15	31.15	.221	132.39	6.88
ROOM USE	7	10	388.50	38.85	.065	55.50	2.52
CROSSOVERS/ALL OTH OUTPTNT	17	86	5,828.40	67.77	.558	342.85	37.85
@COUNTY HOSPITAL TOTAL	1	3 \$	233.58	\$ 77.86	.019 \$	233.58	\$ 1.52
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3	233.58	77.86	.019	233.58	1.52
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	3	233.58	77.86	.019	233.58	1.52
			MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 18,363
	E-FOR-SERVICE/DEN						01/29/04
YUBA COUNTY SUI	MMARY OF SERVICES	FOR MN - SOC -	DISABLED AID	CODES 65 67 6W			
					MON		
154 ELIGIBLES		ITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	OF	R DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	-						
COMM HOSP INPATIENT TOTAL	41	200 \$	45,804.89	\$ 229.02	1.299 \$		
	41 16	39	37,983.75	973.94	.253	2373.98	246.65
HSC HOSPITALS NON-HSC HOSPITALS TOTAL	41	· ·					

						M	ONTHL	IY AVERA	ŒĽ.	
154 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAY	S CO	ST PER		COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	41	200	\$	45,804.89	\$ 229.02	1.299	\$ 1	117.19	\$	297.43
COMM HOSP INPATIENT TOTAL	16	39		37,983.75	973.94	.253	2	373.98		246.65
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	5	13		31,657.42	2435.19	.084	6	331.48		205.57
ACCOMMODATIONS	5	13		5,978.80	459.91	.084	1	195.76		38.82
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	5	13		5,978.80	459.91	.084	1	195.76		38.82
ANCILLARIES	5	0		25,678.62	.00	.000	5	135.72		166.74
INPATIENT CROSSOVERS	11	26		6,326.33	243.32	.169		575.12		41.08
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	27	161		7,821.14	48.58	1.045		289.67		50.79
MEDICAL	8	10		442.66	44.27	.065		55.33		2.87
SURGERY	2	2		142.51	71.26	.013		71.26		.93
PATHOLOGY	7	22		193.50	8.80	.143		27.64		1.26
RADIOLOGY	8	34		1,059.15	31.15	.221		132.39		6.88
ROOM USE	7	10		388.50	38.85	.065		55.50		2.52
CROSSOVERS/ALL OTH OUTPINT	16	83		5,594.82	67.41	.539		349.68		36.33
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		.00
@NURSING FACILITY	3	31	\$	7,977.84	\$ 257.35	.201	\$ 2	659.28	\$	51.80
LEV A-INTERMEDIATE	0	0		.00	.00	.000		.00		.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-TRANSITIONAL IP CARE	Ü	-		.00		.00	.000		.00		.00
LEV B-REGULAR	3	31		7,977.84		257.35	.201		2659.28		51.80
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	17	25	\$	9,420.26	\$	376.81	.162	\$	554.13	Ś	61.17
HOSPITAL BASED	0	0	Y	.00	٧	.00	.000	Y	.00	Y	.00
	•										
HEMODIALYSIS CENTER	17	25	4.	9,420.26	4.	376.81	.162		554.13	4.	61.17
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	42	\$	450.17	\$	10.72	.273	\$	75.03	\$	2.92
PATHOLOGY	6	42	•	450.17	•	10.72	.273	•	75.03	•	2.92
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
	31	56	\$		\$	61.88	.364	ب.		بے	22.50
@ORGANIZED OUTPATIENT CLINIC	31		Ą	3,465.18	Ą			Ą		\$	
CLINIC	U	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	31	56		3,465.18		61.88	.364		111.78		22.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES	MONTH-OF-PAYMENT F	REPOR	T FOR JAN 2	2003 THRU	DEC	2003	F	PAGE 18,364
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
YUBA COUNTY			nc -	- DISABLED AID	CODE	S 65 67 6W	6 Y				01/2//01
TODII COONTI	BOTHWINET OF BEICV	ICES FOR PHV BO	, С	DIDNELLD 111D	СОРП	5 05 07 0W	M	חודינ	T.V ZVFDZ	CF	
154 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7. 7. 7	ERAGE COST		-		.G	COST PER
134 ELIGIBLES	USERS			EAPENDITURES							
		OR DAYS OF CARE				R UNIT/DAY			USER	4.	ELIGIBLE
@ALL OTHER PROVIDERS	31	91	\$	1,313.13	\$	14.43	.591	\$	42.36	\$	8.53
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	5	39		429.19		11.00	.253		85.84		2.79
AMBULANCES/AIR TRANS	4	25		368.41		14.74	.162		92.10		2.39
OTHER TRANS	0	0		.00		.00	.000		.00		.00
	1	14									
OTHER SERVICES	1			60.78		4.34	.091		60.78		.39
ACUPUNCTURE	Ü	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	10	23		380.64		16.55	.149		38.06		2.47
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
	0	0									
PROSTHETIST/ORTHOTISTS	2	3		112.36		37.45	.019		56.18		.73
PROSTHETICS	2	3		112.36		37.45	.019		56.18		.73
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	n		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00			.000		.00		.00
	0	0				.00					
EPSDT SUPPLEMENTAL SERVICE	U	U		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	Ü	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	16	26		390.94		15.04	.169		24.43		2.54
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	86	491	\$	28,983.01	\$	59.03	3.188	\$	337.01	\$	188.20
@* TOTALS IN THESE LINES ARE					т.					т	

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,365 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

YUBA COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

10211 0001111	001111111111111111111111111111111111111	, 1010 1010 1110 E		111111111111111111111111111111111111111	011 011 07				
						MON	ITHLY AVERA	GE -	
180 ELIGIBLES	USERS	UNITS OF SERVICE	Έ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS OF CAR	EΕ		PER UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
@TOTAL, ALL PROVIDERS	269	2,057	\$	209,736.41	\$ 101.96	11.428 \$	779.69	\$	1165.20
@PHYSICIANS SERVICES	105	459	\$	25,821.94	\$ 56.26	2.550 \$	245.92	\$	143.46
OUTPATIENT VISITS	32	46		1,514.49	32.92	.256	47.33		8.41
OFFICE VISITS	27	39		1,041.55	26.71	.217	38.58		5.79
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	4	6		346.63	57.77	.033	86.66		1.93
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	1	1		126.31	126.31	.006	126.31		.70

OTHER OUTPATIENT	0	0		.00	. (	.000		.00		.00
INPATIENT VISITS	12	143		8,999.06	62.9	93.794		749.92		49.99
HOSPITAL VISITS	11	105		4,141.41	39.4	.583		376.49		23.01
CRITICAL CARE	4	38		4,857.65	127.8	.211		1214.41		26.99
SNF/ICF/TRANS IP CARE	0	0		.00	. (	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	3	3		134.75	44.9	92 .017		44.92		.75
EXAMINATIONS	3	3		134.75	44.9	92 .017		44.92		.75
SERVICES AND MATERIALS	0	0		.00	. (	.000		.00		.00
INPATIENT HOSPITAL SURGERY	13	56		3,778.45	67.4			290.65		20.99
PRINCIPAL SURGEON	6	10		2,477.97	247.8			413.00		13.77
ASSISTANT SURGEON	2	2		216.68	108.3			108.34		1.20
ANESTHESIOLOGIST	6	44		1,083.80	24.0			180.63		6.02
OUTPATIENT SURGERY	11	43		4,403.23	102.4			400.29		24.46
PRINCIPAL SURGEON	 6	8		3,607.73	450.9			601.29		20.04
ASSISTANT SURGEON	Ö	0		.00		.000		.00		.00
ANESTHESIOLOGIST	5	35		795.50	22.			159.10		4.42
DIALYSIS	0	0		.00		000.000		.00		.00
PATHOLOGY	2	11		538.69	48.9			269.35		2.99
RADIOLOGY	44	89		4,519.59	50.			102.72		25.11
PSYCHIATRY	0	0		.00		000 .000		.00		.00
IMMUNIZATION AND INJECTION	4	6		115.02	19.			28.76		.64
OTHER SERVICES/ALL X-OVERS	27	62		1,818.66	29.3			67.36		10.10
@PHARMACY	71	185	\$	19,800.52	\$ 107.0				Ś	110.00
PRESCRIPTION DRUGS	67	174	Υ.	19,312.24	110.9			288.24	Υ	107.29
SNF/ICF	0	0		.00		.000		.00		.00
OUTPATIENTS	67	174		19,312.24	110.9			288.24		107.29
MEDICAL SUPPLIES	7	11		488.28	44.			69.75		2.71
@DENTIST	36	191	\$	2,523.95	\$ 13.2				Ś	14.02
VISITS - DIAGNOSTIC	26	110	Υ.	677.50	6.1			26.06	Υ	3.76
ORAL SURGERY	9	16		134.00	8.3			14.89		.74
DRUGS	0	0		.00		.000		.00		.00
ANESTHESIA	1	Ö		.00		.000		.00		.00
PERIODONTICS	0	0		.00		.000		.00		.00
ENDODONTICS	3	6		.00		00 .033		.00		.00
RESTORATIVE DENTISTRY	18	53		1,712.45	32.			95.14		9.51
PROSTHETICS	0	0		.00		000 .000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.000		.00		.00
ORTHODONTIC SERVICES	3	3		.00		00 .017		.00		.00
ALL OTHER SERVICES	2	3		.00		00 .017		.00		.00
#CALIF DEPT OF HEALTH SERV			TRES	MONTH-OF-PAYMENT R					P	AGE 18,366
MOP024	FEE-FOR-SERVICE		отсыо		DI OILI I OIL L	2003 11110	טם (	2003		01/29/04
YUBA COUNTY			SOC -	- FAMILIES AID CODE	5R 6R 37					01/25/01
					220 020 07		MONT	THLY AVERA	GE	
180 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE (	COST UNITS/DA	_		_	COST PER
		OR DAYS OF CAL				/DAY PER ELI		USER		ELIGIBLE
CODMONEMBTOM	_	0.2		E 4 E 6 E	4 00 1	7.0 1.00		00 01		

						140.	TATI	איניא דודו	ĽĽ.	
180 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	C	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	6	23	\$ 545.65	\$	23.72	.128	\$	90.94	\$	3.03
DIAGNOSTIC AND ANC. PROCED	5	5	237.25		47.45	.028		47.45		1.32
EYE APPLIANCES	6	18	308.40		17.13	.100		51.40		1.71
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	1	1	\$ 16.72	\$	16.72	.006	\$	16.72	\$	.09
VISITS	1	1	16.72		16.72	.006		16.72		.09
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00

@HOME HEALTH AGENCY	2	2 \$	3	98.97	\$	49.49	.011	\$	49.49	\$	.55
NURSE ANESTHESIST	0	0 Ś	3	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0 s	5	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$ 0 \$	3	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	3 \$		87.80	\$	29.27		\$		\$	.49
@TOTAL HOSPITAL	74	480 \$	?			308.22					
			>	147,943.67	\$		2.667		1999.24	Ş	821.91
HOSP INPATIENT TOTAL	13	112		138,925.41		1240.41	.622		10686.57		771.81
HSC HOSPITALS	3	87		105,678.00		1214.69	.483		35226.00		587.10
NON-HSC HOSPITAL TOTAL	10	25		33,247.41		1329.90	.139		3324.74		184.71
ACCOMMODATIONS	10	25		8,743.98		349.76	.139		874.40		48.58
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	25		8,743.98		349.76	.139		874.40		48.58
ANCILLARIES	0 0 10 10	0		24,503.43		.00	.000		2450.34		136.13
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0									
ALL OTHER INPATIENT				.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	67	368		9,018.26		24.51	2.044		134.60		50.10
MEDICAL	29	48		1,765.96		36.79	.267		60.90		9.81
SURGERY	10	11		328.28		29.84	.061		32.83		1.82
PATHOLOGY	29	154		1,136.59		7.38	.856		39.19		6.31
RADIOLOGY	29	41		2,854.52		69.62	.228		98.43		15.86
ROOM USE	30	52		1,653.34		31.80	.289		55.11		9.19
CROSSOVERS/ALL OTH OUTPTNT	24	62		1,279.57		20.64	.344		53.32		7.11
@COUNTY HOSPITAL TOTAL	1	3 \$		60.38	\$	20.13	.017	Ś	60.38	Ś	.34
CO HOSPITAL INPATIENT TOTAL	0	0	,	.00	Ų	.00	.000	Ÿ	.00	Y	.00
	0	0									
HSC HOSPITALS	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	U	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	3		60.38		20.13	.017		60.38		.34
MEDICAL	0	0		.00		.00	.000		.00		.00
	0	0									
SURGERY	U	U		.00		.00	.000		.00		.00
PATHOLOGY	Ţ	3		60.38		20.13	.017		60.38		.34
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES	MON 3	TH-OF-PAYMENT RE	EPOR'	T FOR JAN	2003 THRU	DEC	2003	P	AGE 18,367
MOP024	FEE-FOR-SERVICE/I	ENTAL									01/29/04
YUBA COUNTY	SUMMARY OF SERVICE	CES FOR MN - SOC	- F7	AMILIES AID CODE	5R	6R 37					
							M	гио	THLY AVERA	GE	
180 ELIGIBLES	USERS (	NITS OF SERVICE		EXPENDITURES	Δ17	ERAGE COST	UNITS/DAY				COST PER
100 111011110		OR DAYS OF CARE		BIII BIVD I TORED			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	73	477 \$	4	147,883.29		310.03			2025.80		821.57
			?		Ą					Ą	
COMM HOSP INPATIENT TOTAL	13	112		138,925.41		1240.41	.622		10686.57		771.81
HSC HOSPITALS	3	87		105,678.00		1214.69	.483		35226.00		587.10
NON-HSC HOSPITALS TOTAL	10	25		33,247.41		1329.90	.139		3324.74		184.71
ACCOMMODATIONS	10	25		8,743.98		349.76	.139		874.40		48.58
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	25		8,743.98		349.76	.139		874.40		48.58
ANCILLARIES	10	0		24,503.43		.00	.000		2450.34		136.13
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	66			8,957.88							
MEDICAL	99 29	365 48		8,957.88 1 765 96		24.54 36.79	2.028		135.73		49.77
INTELLIFICAL.	/ 4	4×		1 / 5 5 4 5		4n / 4	/n /		nii vii		

29

48

1,765.96

36.79

.267

60.90

9.81

MEDICAL

SURGERY	10	11		328.28		29.84	.061		32.83		1.82
PATHOLOGY	28	151		1,076.21		7.13	.839		38.44		5.98
RADIOLOGY	29	41		2,854.52		69.62	.228		98.43		15.86
ROOM USE	30	52		1,653.34		31.80	.289		55.11		9.19
CROSSOVERS/ALL OTH OUTPTNT	24	62		1,279.57		20.64	.344		53.32		7.11
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	27	147	\$	1,538.29	\$	10.46	.817	\$	56.97	\$	8.55
PATHOLOGY	27	147		1,538.29		10.46	.817		56.97		8.55
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	45	78	\$	6,044.04	\$	77.49	.433	\$	134.31	\$	33.58
CLINIC	1	3		74.55		24.85	.017		74.55		.41
SURGICENTER	4	5		570.42		114.08	.028		142.61		3.17
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	41	70		5,399.07		77.13	.389		131.68		29.99
#CALIF DEPT OF HEALTH SERV		-	RES M	IONTH-OF-PAYMENT RI	EPOR7	r for Jan	2003 THRU	DEC	2003	PA	GE 18,368
MOP024	FEE-FOR-SERVICE/I										01/29/04
YUBA COUNTY	SUMMARY OF SERVIC	CES FOR MN - S	OC -	FAMILIES AID CODE	5R 6	5R 37					
							M				
180 ELIGIBLES	USERS U	NITS OF SERVIC	Έ	EXPENDITURES	AVE	ERAGE COST	'UNITS/DAY	S (	COST PER	C	COST PER

					11011	111111 11111111111	011
180 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	33	488 \$	5,314.86	\$ 10.89	2.711 \$	161.06	\$ 29.53
DURABLE MED. EQUIP.	1	1	12.23	12.23	.006	12.23	.07
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	18	198	4,513.90	22.80	1.100	250.77	25.08
AMBULANCES/AIR TRANS	18	197	2,713.90	13.78	1.094	150.77	15.08
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.006	1800.00	10.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	18	243.17	13.51	.100	30.40	1.35
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	101.88	50.94	.011	101.88	.57
PROSTHETICS	1	2	101.88	50.94	.011	101.88	.57
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	269	443.68	1.65	1.494	73.95	2.46
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	70	\$ 85,084.26	\$ 1215.49	.389	\$ 28361.42	\$ 472.69
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 18,369

01/29/04

YUBA COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

YUBA COUNTY	SUMMARY OF SERV	VICES FOR MN - SOC	- :	I'O'I'AL		1401	TERRET 17 3 17 11 11 3	aп	
470 BL TGTBLEG	HARRA	INITES OF SERVICE			ATTERNACE COOR	MOI		ŒĔ	
478 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
	722	OR DAYS OF CARE	4	504 050 05	PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	733		\$	584,859.25	\$ 96.19	12.720			1223.55
@PHYSICIANS SERVICES	222		\$	35,482.12	\$ 38.69	1.918		Ş	74.23
OUTPATIENT VISITS	42	58		1,827.02	31.50	.121	43.50		3.82
OFFICE VISITS	36	49		1,315.68	26.85	.103	36.55		2.75
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	4	6		346.63	57.77	.013	86.66		.73
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	1	1		126.31	126.31	.002	126.31		. 26
OTHER OUTPATIENT	1	2		38.40	19.20	.004	38.40		.08
INPATIENT VISITS	14	147		9,148.33	62.23	.308	653.45		19.14
HOSPITAL VISITS	13	109		4,290.68	39.36	.228	330.05		8.98
CRITICAL CARE	4	38		4,857.65	127.83	.079	1214.41		10.16
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	7	8		321.14	40.14	.017	45.88		.67
EXAMINATIONS	7	8		321.14	40.14	.017	45.88		.67
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	18	78		4,930.99	63.22	.163	273.94		10.32
PRINCIPAL SURGEON	9	14		3,250.41	232.17	.029	361.16		6.80
ASSISTANT SURGEON	2	2		216.68	108.34	.004	108.34		.45
ANESTHESIOLOGIST	8	62		1,463.90	23.61	.130	182.99		3.06
OUTPATIENT SURGERY	15	58		5,554.11	95.76	.121	370.27		11.62
PRINCIPAL SURGEON	9	12		4,553.00	379.42	.025	505.89		9.53
ASSISTANT SURGEON	1	1		14.93	14.93	.002	14.93		.03
ANESTHESIOLOGIST	6	45		986.18	21.92	.094	164.36		2.06
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	3	13		735.13	56.55	.027	245.04		1.54
RADIOLOGY	61	128		5,800.42	45.32	.268	95.09		12.13
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	4	6		115.02	19.17	.013	28.76		.24
OTHER SERVICES/ALL X-OVERS	121	421		7,049.96	16.75	.881	58.26		14.75
@PHARMACY	374		\$	219,594.53	\$ 112.73	4.075		\$	459.40
PRESCRIPTION DRUGS	363	1,530		215,744.83	141.01	3.201	594.34		451.35
SNF/ICF	24	151		6,834.05	45.26	.316	284.75		14.30
OUTPATIENTS	339	1,379		208,910.78	151.49	2.885	616.26		437.05
MEDICAL SUPPLIES	44	418		3,849.70	9.21	.874	87.49		8.05
@DENTIST	62	346	\$	9,301.95	\$ 26.88	.724		Ġ	19.46
VISITS - DIAGNOSTIC	45	201		1,513.50	7.53	.421	33.63		3.17
ORAL SURGERY	15	48		1,456.00	30.33	.100	97.07		3.05
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	ĺ			.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	3	6		.00	.00	.013	.00		.00
	3	ű		.00		. 0 = 3	.00		

RESTORATIVE DENTISTRY	22	72	2,695.45	37.44	.151	122.52	5.64
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	5	11	3,637.00	330.64	.023	727.40	7.61
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	3	.00	.00	.006	.00	.00
ALL OTHER SERVICES	4	5	.00	.00	.010	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITURES MC	NTH-OF-PAYMENT REF	PORT FOR JAN 20	003 THRU DE	C 2003	PAGE 18,370
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/04
YUBA COUNTY	SUMMARY OF SERVICE	S FOR MN - SOC - I	TOTAL				
				-	MON	THLY AVERAG	E
478 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST U	JNITS/DAYS	COST PER	COST PER
	_	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	24	66 \$	1,610.36	\$ 24.40	.138 \$	67.10	\$ 3.37
DIAGNOSTIC AND ANC. PROCED	8	8	352.15	44.02	.017	44.02	.74

EYE APPLIANCES	22	54		1,238.49		22.94	.113		56.30		2.59
OTHER OPTOMETRIC SERVICES	2	4		19.72		4.93	.008		9.86		.04
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.002	\$	16.72	\$	.03
VISITS	1	1		16.72		16.72	.002		16.72		.03
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	3	4	\$	10.19	\$	2.55	.008	\$	3.40	\$	.02
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	3	4		10.19		2.55	.008		3.40		.02
@HOME HEALTH AGENCY	2	2 0 0	\$	98.97	\$	49.49	.004		49.49	\$	.21
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000			\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$		\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	2	7	\$	164.40	\$	23.49		\$		\$	.34
@TOTAL HOSPITAL	134	821	\$	203,790.02	\$	248.22		\$	1520.82	\$	426.34
HOSP INPATIENT TOTAL	39	243		184,574.40		759.57	.508		4732.68		386.14
HSC HOSPITALS	3	87		105,678.00		1214.69	.182		35226.00		221.08
NON-HSC HOSPITAL TOTAL	15	38		64,904.83		1708.02	.079		4326.99		135.78
ACCOMMODATIONS	15	38		14,722.78		387.44	.079		981.52		30.80
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	15	38		14,722.78		387.44	.079		981.52		30.80
ANCILLARIES	15	0		50,182.05		.00	.000		3345.47		104.98
INPATIENT CROSSOVERS	21	118		13,991.57		118.57	.247		666.27		29.27
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	105	578		19,215.62		33.25	1.209		183.01		40.20
MEDICAL	37	58		2,208.62		38.08	.121		59.69		4.62
SURGERY	12	13		470.79		36.21	.027		39.23		.98
PATHOLOGY	36	176		1,330.09		7.56	.368		36.95		2.78
RADIOLOGY	37	75		3,913.67		52.18	.157		105.77		8.19
ROOM USE	37	62		2,041.84		32.93	.130		55.18		4.27
CROSSOVERS/ALL OTH OUTPTNT	51	194		9,250.61		47.68	.406		181.38		19.35
@COUNTY HOSPITAL TOTAL	2	6	\$	293.96	\$	48.99	.013	\$	146.98	\$	.61
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		293.96		48.99	.013		146.98		.61
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	3		60.38		20.13	.006		60.38		.13
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	ĺ	3		233.58		77.86	.006		233.58		.49
#CALIF DEPT OF HEALTH SERV			ES N	MONTH-OF-PAYMENT R	EPOR'			DEC		P	AGE 18,371
MOP024	FEE-FOR-SERVICE				010		1000 11110		2005		01/29/04
YUBA COUNTY		ICES FOR MN - SC	C -	TOTAL							,,
							M	ONT	HLY AVERA	GE	
478 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV:	ERAGE COST					COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	132	815	\$	203,496.06	\$	249.69	1.705	\$	1541.64	\$	425.72
COMM HOSP INPATIENT TOTAL	39	243		184,574.40		759.57	.508		4732.68		386.14
HSC HOSPITALS	3	87		105,678.00		1214.69	.182		35226.00		221.08

NON-HSC HOSPITALS TOTAL	15	38		64,904.83		1708.02	.079		4326.99		135.78
ACCOMMODATIONS	15	38		14,722.78		387.44	.079		981.52		30.80
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	15	38		14,722.78		387.44	.079		981.52		30.80
ANCILLARIES	15	0		50,182.05		.00	.000		3345.47		104.98
INPATIENT CROSSOVERS	21	118		13,991.57		118.57	.247		666.27		29.27
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	103	572		18,921.66		33.08	1.197		183.71		39.59
MEDICAL	37	58		2,208.62		38.08	.121		59.69		4.62
SURGERY	12	13		470.79		36.21	.027		39.23		.98
PATHOLOGY	35	173		1,269.71		7.34	.362		36.28		2.66
RADIOLOGY	37	75		3,913.67		52.18	.157		105.77		8.19
ROOM USE	37	62		2,041.84		32.93	.130		55.18		4.27
CROSSOVERS/ALL OTH OUTPTNT	<del>-</del> ·	191		9,017.03		47.21	.400		180.34		18.86
@STATE HOSPITAL	0	0	\$	.00		.00	.000	Ś		\$	.00
MENTALLY ILL	0	Õ	٧	.00		.00	.000	٧	.00	~	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	24	546	Ś	75,440.08		138.17	1.142	Ś	3143.34	\$	157.82
LEV A-INTERMEDIATE	0	0	Ų	.00		.00	.000	Ÿ	.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	-	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	24	546		75,440.08		138.17	1.142		3143.34		157.82
@INTERMEDIATE CARE FACILDD	0	0.0	Ś	.00	\$	.00	.000	\$	.00	۲,	.00
	0	0	Ą	.00		.00	.000	Ą	.00	Ą	.00
ICF DDH ICF DD	0	0		.00		.00	.000		.00		.00
	0	0				.00					
ICF DDN/DDCN	22	37	d	.00	4		.000 .077	4	.00	۲,	.00
@HEMODIALYSIS TOTAL	0	0	\$	15,599.60	\$	421.61		\$	709.07	\$	32.64
HOSPITAL BASED		•		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	22	37		15,599.60		421.61	.077		709.07		32.64
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	_	.00		.00	.000	_	.00		.00
@LABORATORY FACILITY	34	190	Ş	1,997.39		10.51	.397	\$	58.75	\$	4.18
PATHOLOGY	33	189		1,988.46		10.52	.395		60.26		4.16
XO AND OTHERS	1	1		8.93		8.93	.002		8.93		.02
@ORGANIZED OUTPATIENT CLINIC	101	169	\$	10,447.60		61.82		\$		\$	21.86
CLINIC	1	3		74.55		24.85	.006		74.55		.16
SURGICENTER	4	5		570.42		114.08	.010		142.61		1.19
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	97	161		9,802.63		60.89	.337		101.06		20.51
#CALIF DEPT OF HEALTH SERV			URES	MONTH-OF-PAYMENT	REPOR	T FOR JAN	2003 THRU	DEC	2003	P	AGE 18,372
MOP024	FEE-FOR-SERVICE										01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR MN -	SOC -	TOTAL							
								-	HLY AVERA	_	
478 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV	ERAGE COS	T UNITS/DAY	S	COST PER		COST PER

				MOI	NIULI AAFKAC	7E
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
107	1,026 \$	11,305.32	\$ 11.02	2.146	\$ 105.66	\$ 23.65
2	2	41.76	20.88	.004	20.88	.09
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
29	569	7,430.87	13.06	1.190	256.24	15.55
22	222	3,082.31	13.88	.464	140.11	6.45
4	298	2,463.44	8.27	.623	615.86	5.15
4	49	1,885.12	38.47	.103	471.28	3.94
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	107 2 0 0 29	OR DAYS OF CARE  107	OR DAYS OF CARE  107	OR DAYS OF CARE  107	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES PER UNIT/DAY         AVERAGE COST UNITS/DAYS PER UNIT/DAY         UNITS/DAYS           107         1,026         \$         11,305.32         \$         11.02         2.146         \$           2         2         41.76         20.88         .004         \$         0         .00 <td< td=""><td>OR DAYS OF CARE         PER UNIT/DAY PER ELIG         USER           107         1,026         \$         11,305.32         \$         11.02         2.146         \$         105.66           2         2         41.76         20.88         .004         20.88           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           29         569         7,430.87         13.06         1.190         256.24           22         222         3,082.31         13.88         .464         140.11           4         298         2,463.44         8.27         .623         615.86           4         49         1,885.12         38.47         .103         471.28           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00</td></td<>	OR DAYS OF CARE         PER UNIT/DAY PER ELIG         USER           107         1,026         \$         11,305.32         \$         11.02         2.146         \$         105.66           2         2         41.76         20.88         .004         20.88           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           29         569         7,430.87         13.06         1.190         256.24           22         222         3,082.31         13.88         .464         140.11           4         298         2,463.44         8.27         .623         615.86           4         49         1,885.12         38.47         .103         471.28           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	26	61		869.56	14.26	.128	33.44	1.82
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1		.50	.50	.002	.50	.00
PROSTHETIST/ORTHOTISTS	3	5		214.24	42.85	.010	71.41	.45
PROSTHETICS	3	5		214.24	42.85	.010	71.41	.45
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	269		443.68	1.65	.563	73.95	.93
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	46	119		2,304.71	19.37	.249	50.10	4.82
@CALIF. CHILDREN SERVICES*	3	70	\$	85,084.26	\$ 1215.49	.146	\$ 28361.42	\$ 178.00
@XOVER EXCLUDING STATE HOSP**	174	1,037	\$	51,663.01	\$ 49.82	2.169	\$ 296.91	\$ 108.08
et momato in municipi tinno and or	THE TOTAL TOTAL	TATE ODAGA ELECAT	TODA	OBTT 37 .				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,373 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

					MON'	THLY AVERAGE	Ξ
1,283 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,258	92,103 \$	4,109,974.91	\$ 44.62	71.787 \$	3267.07	3203.41
@PHYSICIANS SERVICES	183	459 \$	3,782.45	\$ 8.24	.358 \$	20.67	\$ 2.95
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	.00	.00	.001	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	183	458	3,782.45	8.26	.357	20.67	2.95
@PHARMACY	911	30,134 \$	342,706.08	\$ 11.37	23.487 \$	376.19	
PRESCRIPTION DRUGS	900	6,018	334,517.94	55.59	4.691	371.69	260.73

SNF/ICF	884	5,947	332,553.09	55.92	4.635	376.19	259.20
OUTPATIENTS	17	71	1,964.85	27.67	.055	115.58	1.53
MEDICAL SUPPLIES	57	24,116	8,188.14	.34	18.797	143.65	6.38
@DENTIST	122	280 \$	6,902.00	\$ 24.65	.218 \$	56.57	\$ 5.38
VISITS - DIAGNOSTIC	120	270	3,942.00	14.60	.210	32.85	3.07
ORAL SURGERY	1	1	45.00	45.00	.001	45.00	.04
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	9	2,915.00	323.89	.007	485.83	2.27
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 18,374
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/29/04
YUBA COUNTY	SUMMARY OF SERVICES	FOR MN - LONG	TERM CARE - AGED	AID CODE	13		
					MON	THLY AVERAC	GE
1,283 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER IINTT/DAY	PER ELIG	USER	ELIGIBLE

1 000			_					TLI AVEKA	UGE	~~~~
1,283 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	15	44	\$	754.82	\$	17.16	.034	\$ 50.32	\$	.59
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00
EYE APPLIANCES	15	44		754.82		17.16	.034	50.32		.59
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	41	52	\$	340.95	\$	6.56	.041	\$ 8.32	\$	.27
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	41	52		340.95		6.56	.041	8.32		.27
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
@TOTAL HOSPITAL	41	148	\$	23,688.46	\$	160.06	.115	\$ 577.77	\$	18.46
HOSP INPATIENT TOTAL	30	106	•	22,695.22	•	214.11	.083	756.51		17.69
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	1	3		.00		.00	.002	.00		.00
ACCOMMODATIONS	1	3		.00		.00	.002	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	1	3		.00		.00	.002	.00		.00
ANCILLARIES	1	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	29	103		22,695.22		220.34	.080	782.59		17.69
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	14	42		993.24		23.65	.033	70.95		.77
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	14	42		993.24		23.65	.033	70.95		.77
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .000 .00 .00 PAGE 18,375

01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

MOPU24	FEE-FOR-SERVICE					~	~			1.0					01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR M.	N – L	ONG	TERM	CARE - A	GED		AID CODE						
											-		LY AVERA	-	
1,283 ELIGIBLES	USERS	UNITS OF S	ERVIC	Έ		EXPENDIT	URES	AVE:	RAGE COST	UNITS/	DAYS	C	OST PER		COST PER
		OR DAYS O	F CAR	EΕ				PER	UNIT/DAY	PER E	LIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	41		148	\$		23,68	8.46	\$	160.06	.1	15	\$	577.77	\$	18.46
COMM HOSP INPATIENT TOTAL	30		106	•		22,69		•	214.11	. 0	83		756.51	•	17.69
HSC HOSPITALS	0		0			22,00	.00		.00		00		.00		.00
NON-HSC HOSPITALS TOTAL	1		3				.00		.00		02		.00		.00
	1		2												
ACCOMMODATIONS	1		3				.00		.00		02		.00		.00
ADMINISTRATIVE DAYS	0		0				.00		.00		00		.00		.00
TRANSITIONAL IP CARE	0		0				.00		.00	.0	00		.00		.00
ALL OTHER ACCOM	1		3				.00		.00	. 0	02		.00		.00
ANCILLARIES	1		0				.00		.00	.0	00		.00		.00
INPATIENT CROSSOVERS	29		103			22,69	5.22		220.34	. 0	80		782.59		17.69
ALL OTHER INPATIENT	0		0			,	.00		.00		00		.00		.00
COMM HOSP OUTPATIENT TOTAL	14		42			aa	3.24		23.65		33		70.95		.77
MEDICAL	0		0			))	.00		.00		00		.00		.00
	0		0												
SURGERY	0		0				.00		.00		00		.00		.00
PATHOLOGY	U		0				.00		.00		00		.00		.00
RADIOLOGY	0		0				.00		.00		00		.00		.00
ROOM USE	0		0				.00		.00		00		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	14		42			99	3.24		23.65	.0	33		70.95		.77
@STATE HOSPITAL	12		365	\$		188,66	5.98	\$	516.89	. 2	84	\$ 1	5722.17	\$	147.05
MENTALLY ILL	12		365			188,66			516.89	. 2	84	1	5722.17		147.05
DEVELOP. DISABLED	0		0				.00		.00		00		.00		.00
@NURSING FACILITY	1,101	32,		\$		3,446,21		\$	104.50	25.7		\$	3130.08	\$	2686.06
LEV A-INTERMEDIATE	0	34,	0	Y		5,110,21	.00	٧	.00		00	Y	.00	Y	.00
	11					25 40									
LEV B-REHAB MD			334			35,48			106.23		60		3225.56		27.65
LEV B-SUBACUTE FREESTANDING	0		0				.00		.00		00		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0				.00		.00		00		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0				.00		.00		00		.00		.00
LEV B-REGULAR	1,090	32,	644			3,410,73	3.25		104.48	25.4			3129.11		2658.40
@INTERMEDIATE CARE FACILDD	0		0	\$			.00	\$	.00	.0	00	\$	.00	\$	.00
ICF DDH	0		0				.00		.00	.0	00		.00		.00
ICF DD	0		0				.00		.00	. 0	00		.00		.00
ICF DDN/DDCN	0		0				.00		.00		00		.00		.00
@HEMODIALYSIS TOTAL	22		32	\$		19,38		\$	605.75			\$	881.08	\$	15.11
HOSPITAL BASED	0		0	٧		17,30	.00	٧	.00		00	Υ	.00	Υ	.00
HEMODIALYSIS CENTER	22		32			19,38			605.75		25		881.08		15.11
				4		19,30		4				4		4	
@REHABILITATION FACILITY	0		0	\$			.00	\$	.00			\$	.00	\$	.00
HOSPITAL BASED	0		0				.00		.00		00		.00		.00
INDEPENDENT FACILITY	0		0				.00		.00		00		.00		.00
@LABORATORY FACILITY	1		4	\$		7	7.15	\$	19.29			\$		\$	.06
PATHOLOGY	0		0				.00		.00	. 0	00		.00		.00
XO AND OTHERS	1		4			7	7.15		19.29	.0	03		77.15		.06
@ORGANIZED OUTPATIENT CLINIC	21		36	\$		91	0.32	\$	25.29	.0	28	\$	43.35	\$	.71
CLINIC	0		0	•			.00		.00		00		.00	•	.00
SURGICENTER	0		0				.00		.00		00		.00		.00
	0		0				.00		.00		00		.00		.00
HEROIN DETOX CLINIC	_					0.1									
RURAL HEALTH CLINIC	21		36		1.03.TTTT		0.32		25.29		28		43.35	_	.71
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		NDT.I.C	IRES	MON.I.H	1-OF-PAYM	EN.I. K	EPORT.	FOR JAN	2003 TH	RU D	EC	2003	Р	AGE 18,376
MOP024	FEE-FOR-SERVICE														01/29/04
YUBA COUNTY	SUMMARY OF SERV	VICES FOR M	N - L	ONG	TERM	CARE - A	GED		AID CODE	13					
											- MO	NTH	LY AVERA	GE	
1,283 ELIGIBLES	USERS	UNITS OF S	ERVIC	Έ		EXPENDIT	URES	AVE:	RAGE COST	UNITS/	DAYS	C	OST PER		COST PER
		OR DAYS O	F CAR	EΕ				PER	UNIT/DAY	PER E	LIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	183		571	\$		76,54	8.41	\$	2.78		89	\$	418.30		59.66
		= · /	_	т.		-,		,			-			,	

DURABLE MED. EQUIP.	7	95		5,147.32	54.18	.074	735.33	4.01
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	15	16		8,450.15	528.13	.012	563.34	6.59
MEDICAL TRANSPORTATION	75	9,652		30,173.06	3.13	7.523	402.31	23.52
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	53	9,432		29,127.86	3.09	7.352	549.58	22.70
OTHER SERVICES	23	220		1,045.20	4.75	.171	45.44	.81
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	14	33		393.05	11.91	.026	28.08	.31
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	19	32		115.95	3.62	.025	6.10	.09
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	16	41		3,018.13	73.61	.032	188.63	2.35
HOSPICE SERVICES	12	218		24,104.47	110.57	.170	2008.71	18.79
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	38	17,484		5,146.28	.29	13.627	135.43	4.01
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	402	35,603	\$	138,621.47	\$ 3.89	27.750	\$ 344.83	\$ 108.04
© * TOTALC IN THECE IINEC ADE CIV	ויית מכולים אינים אוים		TUDM ONTS	7 •				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,377
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

TODA COUNTI	SUMMANT OF SERV	TCES FOR THE TONG TE	MI CAKE - BUIND	AID CODE	43		
					MON	THLY AVERAG	E
10 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	8	210 \$	21,075.54	\$ 100.36	21.000 \$	2634.44	\$ 2107.55
@PHYSICIANS SERVICES	4	6 \$	71.54	\$ 11.92	.600 \$	17.89	\$ 7.15
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	4	6		71.54		11.92	.600		17.89		7.15
@PHARMACY	6	44	\$	2,121.69	\$	48.22	4.400	\$	353.62	\$	212.17
PRESCRIPTION DRUGS	6	44		2,121.69		48.22	4.400		353.62		212.17
SNF/ICF	6	42		2,145.92		51.09	4.200		357.65		214.59
OUTPATIENTS	0	2		24.23CR		12.12CR	.200		.00		2.42CR
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURE	S MONTH	H-OF-PAYMENT REP	PORT	FOR JAN 2	003 THRU 1	DEC	2003	PI	AGE 18,378
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR	R MN - LON	G TERM	CARE - BLIND		AID CODE	23				

IUDA COUNTI	VALC TO LARMING	ICES FOR	MIN - LO.	MG I	EKM CAKE - BLIND		AID CODE	43			
								MC	NTHLY AVER	RAGE	
10 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	{	COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$ .00	) \$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000	.00	)	.00
EYE APPLIANCES	0		0		.00		.00	.000	.00	)	.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000	.00	)	.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$ .00	) \$	.00
VISITS	0		0		.00		.00	.000	.00	)	.00
OTHER SERVICES	0		0		.00		.00	.000	.00	)	.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$ .00	) \$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000	.00	)	.00
SURGERY/ANES.	0		0		.00		.00	.000	.00	)	.00
RADIO./PATHOLOGY	0		0		.00		.00	.000	.00	)	.00
OTHER	0		0		.00		.00	.000	.00	)	.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$ .00	) \$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$ .00	) \$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$ .00	) \$	.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$	.00	\$	.00	.000	\$ .00	) \$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$ .00	) \$	.00
@TOTAL HOSPITAL	0		0	\$	.00	\$	.00	.000	\$ .00	) \$	.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000	.00	)	.00
HSC HOSPITALS	0		0		.00		.00	.000	.00	)	.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000	.00	)	.00
ACCOMMODATIONS	0		0		.00		.00	.000	.00	)	.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000	.00		.00
ANCILLARIES	0		0		.00		.00	.000	.00	)	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	.00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN 200	)3 THRU DEC	2003	PAGE 18,379
MOP024	FEE-FOR-SERVICE/DENTAL			3.TD GOD= 01	,		01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR	MN - LONG	TERM CARE - BLIND	AID CODE 23			_
					MONT	hly averag	E

					MON	THLY AVERAG	E
10 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	6	159 \$	17,820.49	\$ 112.08	15.900 \$		\$ 1782.05
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

LEV B-REGULAR	6	159	17,820.49	112.08	15.900	2970.08	1782.05
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00

0 0 .00 SURGICENTER .00 .00 .000 .00 HEROIN DETOX CLINIC 0 .00 .00 .000 .00 .00 .00 RURAL HEALTH CLINIC 0 0 .00 .000 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,380 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 YUBA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

								M	ONT	HLY AVERA	GE.	
10 ELIGIBLES	USERS	UNITS OF SERVIC	CE	EXI	PENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	RΕ			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$		1,061.82	\$	1061.82	.100	\$	1061.82	\$	106.18
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	1			1,061.82		1061.82	.100		1061.82		106.18
MEDICAL TRANSPORTATION	0	0			.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0			.00		.00	.000		.00		.00
OTHER TRANS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0			.00		.00	.000		.00		.00
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0			.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000		.00		.00
OPTICIAN	0	0			.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0			.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0			.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
ORTHOTICS	0	0			.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0			.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0			.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0			.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0			.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	5	6	\$		1,856.49	\$	309.42	.600	\$	371.30	\$	185.65
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARA	TE INFORMATION	ITEM	ONLY;								

TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63 YUBA COUNTY

					NTHLY AVERA	GE		
110 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	115	5,068	\$	608,029.19	\$ 119.97	46.073	\$ 5287.21	\$ 5527.54
@PHYSICIANS SERVICES	31	160	\$	6,860.57	\$ 42.88	1.455	\$ 221.31	\$ 62.37
OUTPATIENT VISITS	3	3		224.78	74.93	.027	74.93	2.04
OFFICE VISITS	2	2		116.70	58.35	.018	58.35	1.06
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		108.08	108.08	.009	108.08	.98
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	12	81		3,425.31	42.29	.736	285.44	31.14
HOSPITAL VISITS	7	43		1,890.31	43.96	.391	270.04	17.18
CRITICAL CARE	1	1		121.60	121.60	.009	121.60	1.11

PAGE 18,381

01/29/04

CHE / TOE / MEDING TO CIDE	0	37	1 412 40	20.00	226	155 04	10.05
SNF/ICF/TRANS IP CARE	0	0	1,413.40	38.20	.336	157.04	12.85
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS SERVICES AND MATERIALS	0	0	.00		.000	.00	.00
	U	0	2,118.77	.00 235.42	.082	423.75	.00 19.26
INPATIENT HOSPITAL SURGERY	5	9					
PRINCIPAL SURGEON	5	9	2,118.77	235.42	.082	423.75	19.26
ASSISTANT SURGEON	U	0	.00		.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2 2	252.93	126.47	.018	126.47	2.30
PRINCIPAL SURGEON	2	2	252.93	126.47	.018	126.47	2.30
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	6	25	354.62	14.18	.227	59.10	3.22
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	22	40	484.16	12.10	.364	22.01	4.40
@PHARMACY	92	1,862 \$			16.927		
PRESCRIPTION DRUGS	92	692	56,768.30		6.291	617.05	516.08
SNF/ICF	85	637	50,323.88		5.791	592.05	457.49
OUTPATIENTS	8	55	6,444.42		.500	805.55	58.59
MEDICAL SUPPLIES	2	1,170	812.24		10.636	406.12	7.38
@DENTIST	11	51 \$	2,438.00	\$ 47.80	.464	\$ 221.64	\$ 22.16
VISITS - DIAGNOSTIC	9	35	430.00	12.29	.318	47.78	3.91
ORAL SURGERY	1	11	568.00	51.64	.100	568.00	5.16
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.009	200.00	1.82
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	2	340.00	170.00	.018	170.00	3.09
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.018	900.00	8.18
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES					PAGE 18,382
MOP024	FEE-FOR-SERVICE		01 11111111111111111111111111111		2003 111110 2	20 2000	01/29/04
YUBA COUNTY		ICES FOR MN - LONG	TERM CARE - DISABI	LED AID COD	E 63		01/25/01
	E COMMITTE OF BEING					NTHLY AVERA	GE
110 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS'			COST PER
110 11101110	ODLIND	OR DAYS OF CARE		PER UNIT/DA		USER	ELIGIBLE
@ODTOMETD I CT	2	OR DAIS OF CARE	140 07	ė 16 E6		40.60	

110 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	RAGE COST UNIT/DAY	UNITS/DAYS	S	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	9	\$ 149.07	\$ 16.56	.082	\$	49.69	\$ 1.36
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	3	9	149.07	16.56	.082		49.69	1.36
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	8	9	\$ 138.62	\$ 15.40	.082	\$	17.33	\$ 1.26
MEDICINE/INJECTIONS	3	3	100.60	33.53	.027		33.53	.91
SURGERY/ANES.	1	1	32.02	32.02	.009		32.02	.29
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	4	5	6.00	1.20	.045		1.50	.05
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00		\$ .00		.00
@TOTAL HOSPITAL	11	55	\$	29,143.04	\$	529.87	.500			264.94
HOSP INPATIENT TOTAL	7	36		28,830.00		800.83	.327	4118.57		262.09
HSC HOSPITALS	5	30		27,150.00		905.00	.273	5430.00	2	246.82
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	2	6		1,680.00		280.00	.055	840.00		15.27
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	4	19		313.04		16.48	.173	78.26		2.85
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	4	19		313.04		16.48	.173	78.26		2.85
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000		\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00	•	.00	.000	.00	•	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	ES MOI		EPOR'				PAGE	18,383
MOP024	FEE-FOR-SERVICE/DE			01 1111111111111111111111111111111				220 2003		1/29/04
YUBA COUNTY	SUMMARY OF SERVICE		NG TE	RM CARE - DISABL	ED	AID CODE	63		·	1,2,,01
	SSIMMET OF BENVIOLE FOR IN BONG TENT SINCE PROBLEM THE SOUR CONTROL AVERAGE									
110 ELIGIBLES	USERS UN	ITS OF SERVICE		EXPENDITURES	AV:			S COST PER	_	ST PER
		R DAYS OF CARE				R UNIT/DAY				IGIBLE
@COMMUNITY HOSPITAL TOTAL	11	55	\$	29,143.04	\$	529.87	.500			264.94
		35	٠,	22,213.01	~	222.07	.500	4110 55		

110 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	55 \$	29,143.04	\$ 529.87	.500 \$	2649.37	\$ 264.94
COMM HOSP INPATIENT TOTAL	7	36	28,830.00	800.83	.327	4118.57	262.09
HSC HOSPITALS	5	30	27,150.00	905.00	.273	5430.00	246.82
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	6	1,680.00	280.00	.055	840.00	15.27
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	19	313.04	16.48	.173	78.26	2.85
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	4	19			313.04		16.48	.173		78.26		2.85
@STATE HOSPITAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	47	1,364	\$	30	2,557.66	\$	221.82	12.400	\$	6437.40	\$	2750.52
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	1	31			3,260.83		105.19	.282		3260.83		29.64
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	10	338		19	0,228.31		562.81	3.073		19022.83		1729.35
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	36	995		10	9,068.52		109.62	9.045		3029.68		991.53
@INTERMEDIATE CARE FACILDD	42	1,323	\$	20	1,700.69	\$	152.46	12.027	\$	4802.40	\$	1833.64
ICF DDH	18	593		7	9,373.99		133.85	5.391		4409.67		721.58
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	24	730		12	2,326.70		167.57	6.636		5096.95		1112.06
@HEMODIALYSIS TOTAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	5	\$		131.08	\$	26.22	.045	\$	43.69	\$	1.19
PATHOLOGY	3	5			131.08		26.22	.045		43.69		1.19
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$		45.39CR	\$	.00	.000	\$	.00	\$	.41CR
CLINIC	0	0			.00		.00	.000		.00		.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0			45.39CR		.00	.000		.00		.41CR
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDI'	TURES	MONTH-OF-	PAYMENT RE	PORT	' FOR JAN	2003 THRU	DEC	2003	P	AGE 18,384
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR	MN -	LONG	TERM CARE	- DISABLE	D	AID CODE	E 63				
								M	TNO	HLY AVERA	GE.	

					MON	IHLY AVERAG	JL
110 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	34	230 \$	7,375.31	\$ 32.07	2.091 \$	216.92	\$ 67.05
DURABLE MED. EQUIP.	7	110	5,464.13	49.67	1.000	780.59	49.67
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	18	100	1,445.83	14.46	.909	80.32	13.14
AMBULANCES/AIR TRANS	8	26	1,020.55	39.25	.236	127.57	9.28
OTHER TRANS	6	51	278.87	5.47	.464	46.48	2.54
OTHER SERVICES	5	23	146.41	6.37	.209	29.28	1.33
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	82.20	10.28	.073	20.55	.75
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	8	325.66	40.71	.073	108.55	2.96
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE THE AMOUNTS ARE ALREADY IN	GIVEN AS A SEPARATE		.00 .00 57.49 .00 7,580.69 1 ONLY; WES ABOVE.	.00 .00 14.37 \$ .00 \$ 88.15	.000 .000 .036 .000 .782	.00 .00 14.37 \$ .00 \$ 199.49	.00 .00 .52 \$ .00 \$ 68.92
	N THE APPROPRIATE DE				0003 ==================================	TG 0000	D3.GE 10 205
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES FEE-FOR-SERVICE/DEN		MONTH-OF-PAYMENT R.	EPORT FOR JAN	2003 THRU D	EC 2003	PAGE 18,385 01/29/04
YUBA COUNTY	SUMMARY OF SERVICES	FOR MN - LONG	TERM CARE - FAMILI	ES DISCONTIN	-		
					MO	NTHLY AVERA	GE
00 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OF	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
	0	0					.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	Ô	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0					
EXAMINATIONS	0	U	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	Ü	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
ASSISTANT SURGEON	0	0		.00			
ANESTHESIOLOGIST	U	U	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$		\$ .00
PRESCRIPTION DRUGS	Ô	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0					
OUTPATIENTS	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	U	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$		\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	0	0					
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	Ü	U	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	Ü	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES M	ONTH-OF-PAYMENT RI	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 18,386
MOP024	FEE-FOR-SERVICE/I	DENTAL					01/29/04
YUBA COUNTY		CES FOR MN - LONG T	ERM CARE - FAMILII	ES DISCONTIN	UED		
					MONTH	LY AVERAG	E
00 ELIGIBLES	USERS (	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	_		COST PER
00 22101222	00210	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$	.00	
	0	0 \$		•	•		
DIAGNOSTIC AND ANC. PROCED			.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$	.00	
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	Ô	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
	0	·		•			
MEDICINE/INJECTIONS	U	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	Ō	0	.00	.00	.000	.00	.00
	0						
@HOME HEALTH AGENCY	Ü	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	
	U	·		•			•
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	Ô	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	Ü	Ü	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0					
ANCILLARIES	U	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	Ô	Ô	.00	.00	.000	.00	.00
	0	0					
SURGERY	Ü	U	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	•					
CROSSOVERS/ALL OTH OUTPTNT	U	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	Ü	U	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	Û	.00	.00	.000	.00	.00
	0	0					
ANCILLARIES	U	U	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	Ô	Ô	.00	.00	.000	.00	.00
	0	0					
SURGERY	Ü	Ü	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT							
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO	N.I.H-OFPAYMEN.I. KEI	PORT FOR JAN 2	2003 THRU DE	C 2003	PAGE 18,387
MOP024	FEE-FOR-SERVICE	:/DENTAL					01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG TE	RM CARE - FAMILIES	S DISCONTINU	JED		
					MON'	THIV AWERA	GE
OO ELICIDIEC	HCEDC	UNITS OF SERVICE	EADENDIATIOEC	ATTED A CE COCE			
00 ELIGIBLES	USEKS		FYLFINDIIOKFS				
		OR DAYS OF CARE		PER UNIT/DAY			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		
	0						
NON-HSC HOSPITALS TOTAL	U	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	^	0	0.0	0.0	000	0.0	0.0
	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OFFIED AGGOV		0	0.0		0.0	0.00	0.0		0.0
ALL OTHER ACCOM	0	U	.00		.00	.000	.00		.00
ANCILLARIES	U	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
MEDICAL	0	0	.00		.00	.000	.00		.00
SURGERY	0	0	.00		.00	.000	.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	0	0	.00		.00	.000	.00		.00
ROOM USE	0	0	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	. 0	0	.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0 \$	.00	\$	.00	.000 \$	.00	\$	.00
MENTALLY ILL	0	0	.00	•	.00	.000	.00	•	.00
DEVELOP. DISABLED	0	0	.00		.00	.000	.00		.00
@NURSING FACILITY	0	0 \$		\$	.00	.000 \$		\$	.00
LEV A-INTERMEDIATE	0	0	.00	•	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	÷ 0	0	.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	Ô	0	.00		.00	.000	.00		.00
LEV B-REGULAR	0	0	.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$		\$	.00	.000 \$		\$	.00
ICF DDH	0	0 \$	.00	Y	.00	.000	.00	Ÿ	.00
ICF DD	0	0	.00		.00	.000	.00		.00
	0	0					.00		.00
ICF DDN/DDCN	0	0 0 \$	.00	Ċ	.00	.000		<u>ب</u>	
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$	.00	.000 \$		\$	.00
HOSPITAL BASED	0	0	.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00	ė.	.00	.000	.00	4	.00
@REHABILITATION FACILITY	0	0 \$		\$	.00	.000 \$		\$	.00
HOSPITAL BASED	U	U	.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$		\$	.00	.000 \$		\$	.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$	.00	.000 \$		\$	.00
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT FOF	R JAN 2	2003 THRU DEC	2003	PΑ	GE 18,388
MOP024	FEE-FOR-SERVICE								01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG	TERM CARE - FAMIL	IES DISC	CONTINU	JED			
						MONT			
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER		OST PER
		OR DAYS OF CARE		PER UNI			USER		LIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$	.00	.000 \$	.00	\$	.00
DURABLE MED. EQUIP.	0	0	.00		.00	.000	.00		.00
BLOOD BANK	0	0	.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0	.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0	.00		.00	.000	.00		.00
OTHER TRANS	0	0	.00		.00	.000	.00		.00
OTHER SERVICES	0	0	.00		.00	.000	.00		.00
ACUPUNCTURE	0	0	.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00		.00
OPTICIAN	Ŏ	0	.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00		.00
	· ·	ŏ	.00			. 500	.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,389 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

YUBA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

COST PER	TODA COUNTI	DOMMANT OF DERV	TORS FOR IN LONG	TERM CARE TOTAL		MON	THLY AVERA	GE
TOTAL, ALL PROVIDERS 1.381 97.381 \$ 4.739.079.64 \$ 4.86.7 69.49 \$ 343.63 \$ 3377.82 \$ 6PHYSICIANS SERVICES 218 625 \$ 4.739.079.64 \$ 4.86.7 69.49 \$ 3431.63 \$ 3377.82 \$ 6PHYSICIANS SERVICES 218 625 \$ 10.714.56 \$ 17.14 .445 \$ 49.15 \$ 7.64 \$ 1.95 \$ 1.9	1.403 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			
### PATCH PROVIDERS	_,	0.0						
PHYSICIANS SERVICES	@TOTAL, ALL PROVIDERS	1.381		4.739.079.64				
OUTPATIENT VISITS   3	•							
OFFICE VISITS 2 2 2 116.70 58.35 .001 58.35 .08   HOME VISITS 0 0 0 0.00 .000 .000 .000 .000 .000   EMERGENCY ROOM 1 1 1 1 108.08 108.08 .001 108.08 .08   PREVENTIVE CARE 0 0 0 0 .00 .00 .000 .000 .00   OB VISITS/COWERE PERI 0 0 0 0 .00 .00 .000 .000 .00 .00   OB VISITS/COWERE PERI 0 0 0 0 .00 .00 .00 .000 .000 .00 .00			·					
EMERGENCY ROOM		2	2					
PREVENTIVE CARE  O	HOME VISITS	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	EMERGENCY ROOM	1	1	108.08	108.08	.001		
OTHER OUTPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 0 1	PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS 7 43 1,890.31 43.96 .031 270.04 1.35 CRITICAL CARE 1 1 1 1 121.60 121.60 .001 121.60 .09 SNF/ICF/TRANS IP CARE 9 37 1,413.40 38.20 .026 1557.04 1.01 OPHTHALMOLOGICAL SERVICES 0 0 0 0 .00 .00 .00 .000 .000 .00 .00	OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
CRITICAL CARE 1 1 1 121.60 121.60 .001 121.60 .009 SNF/ICF/TRANS IP CARE 9 37 1,413.40 38.20 .026 157.04 1.01 OPHTHALMOLOGICAL SERVICES 0 0 0 .00 .00 .00 .00 .00 .00 .00 EXAMINATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 SEXPLICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY 5 9 2,118.77 235.42 .006 423.75 1.51 PRINCIPAL SURGEON 5 9 2,118.77 235.42 .006 423.75 1.51 ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 0 0 0 0 .00 .00 .00 .00 .00 OUTPATIENT SURGERY 2 2 2 252.93 126.47 .001 126.47 .18 ASSISTANT SURGEON 2 2 2 252.93 126.47 .001 126.47 .18 ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 0 0 0 0 .00 .00 .00 .00 .00 DIALYSIS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 DIALYSIS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 PATHOLOGY 1 1 1 0 .00 .00 .00 .00 .00 PATHOLOGY 1 1 1 0 .00 .00 .00 .00 .00 PATHOLOGY 1 1 1 0 .00 .00 .00 .00 .00 PATHOLOGY 1 1 1 0 .00 .00 .00 .00 .00 PATHOLOGY 1 1 1 0 .00 .00 .00 .00 .00 PATHOLOGY 1 1 1 0 .00 .00 .00 .00 .00 PATHOLOGY 1 1 1 0 .00 .00 .00 .00 .00 PATHOLOGY 1 1 1 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 1 1 1 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 1 1 1 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 1 1 1 1 .00 .00 .00 .00 .00 .00 .00 PATHOLOGY 1 1 1 1 .00 .00 .00 .00 .00 .00 .00 PATHOLOGY 1 1 1 1 .00 .00 .00 .00 .00 .00 .00 PATHOLOGY 1 1 1 1 .00 .00 .00 .00 .00 .00 .00 .00	INPATIENT VISITS	12	81	3,425.31	42.29	.058	285.44	2.44
SNF/ICF/TRANS IP CARE	HOSPITAL VISITS	7	43	1,890.31	43.96	.031	270.04	1.35
OPHTHALMOLOGICAL SERVICES         0         0         .00	CRITICAL CARE	1	1	121.60	121.60	.001	121.60	.09
EXAMINATIONS         0         0         .0	SNF/ICF/TRANS IP CARE	9	37	1,413.40	38.20	.026	157.04	1.01
SERVICES AND MATERIALS   0   0   0   0   0   0   0   0   0	OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY   5   9   2,118.77   235.42   .006   423.75   1.51	EXAMINATIONS	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON         5         9         2,118.77         235.42         .006         423.75         1.51           ASSISTANT SURGEON         0         0         .00         .00         .00         .00         .00         .00           ANESTHESIOLOGIST         0         0         .00         .00         .00         .00         .00           OUTPATIENT SURGERY         2         2         252.93         126.47         .001         126.47         .18           PRINCIPAL SURGEON         2         2         252.93         126.47         .001         126.47         .18           ASSISTANT SURGEON         0         0         .00	SERVICES AND MATERIALS	0	0			.000	.00	.00
ASSISTANT SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	INPATIENT HOSPITAL SURGERY	5	9					1.51
ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PRINCIPAL SURGEON	5	9	•				1.51
OUTPATIENT SURGERY         2         2         252.93         126.47         .001         126.47         .18           PRINCIPAL SURGEON         2         2         252.93         126.47         .001         126.47         .18           ASSISTANT SURGEON         0         0         .00         .00         .00         .00         .00         .00           ANESTHESIOLOGIST         0         0         .00	ASSISTANT SURGEON	0	0					.00
PRINCIPAL SURGEON         2         2         252.93         126.47         .001         126.47         .18           ASSISTANT SURGEON         0         0         .00		0	0			.000		
ASSISTANT SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2	2					
ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .000 .00 .00 .00 .00		2	2					
DIALYSIS         0         0         .00 <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>		0	0					
PATHOLOGY         1         1         1         .00         .00         .001         .00         .00           RADIOLOGY         6         25         354.62         14.18         .018         59.10         .25           PSYCHIATRY         0         0         .00         .00         .00         .000         .00		0	0					
RADIOLOGY 6 25 354.62 14.18 .018 59.10 .25 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 0 0 0 .00 .00 .00 .00 .00 OTHER SERVICES/ALL X-OVERS 209 504 4,338.15 8.61 .359 20.76 3.09 @PHARMACY 1,009 32,040 \$ 402,408.31 \$ 12.56 22.837 \$ 398.82 \$ 286.82 PRESCRIPTION DRUGS 998 6,754 393,407.93 58.25 4.814 394.20 280.40 SNF/ICF 975 6,626 385,022.89 58.11 4.723 394.90 274.43 OUTPATIENTS 25 128 8,385.04 65.51 .091 335.40 5.98 MEDICAL SUPPLIES 59 25,286 9,000.38 .36 18.023 152.55 6.42		0	0					
PSYCHIATRY         0         0         .00<	PATHOLOGY	1	1					
IMMUNIZATION AND INJECTION         0         0         .00		6						
OTHER SERVICES/ALL X-OVERS 209 504 4,338.15 8.61 .359 20.76 3.09  @PHARMACY 1,009 32,040 \$ 402,408.31 \$ 12.56 22.837 \$ 398.82 \$ 286.82  PRESCRIPTION DRUGS 998 6,754 393,407.93 58.25 4.814 394.20 280.40  SNF/ICF 975 6,626 385,022.89 58.11 4.723 394.90 274.43  OUTPATIENTS 25 128 8,385.04 65.51 .091 335.40 5.98  MEDICAL SUPPLIES 59 25,286 9,000.38 .36 18.023 152.55 6.42		0						
@PHARMACY       1,009       32,040       \$ 402,408.31       \$ 12.56       22.837       \$ 398.82       \$ 286.82         PRESCRIPTION DRUGS       998       6,754       393,407.93       58.25       4.814       394.20       280.40         SNF/ICF       975       6,626       385,022.89       58.11       4.723       394.90       274.43         OUTPATIENTS       25       128       8,385.04       65.51       .091       335.40       5.98         MEDICAL SUPPLIES       59       25,286       9,000.38       .36       18.023       152.55       6.42		0						
PRESCRIPTION DRUGS       998       6,754       393,407.93       58.25       4.814       394.20       280.40         SNF/ICF       975       6,626       385,022.89       58.11       4.723       394.90       274.43         OUTPATIENTS       25       128       8,385.04       65.51       .091       335.40       5.98         MEDICAL SUPPLIES       59       25,286       9,000.38       .36       18.023       152.55       6.42								
SNF/ICF     975     6,626     385,022.89     58.11     4.723     394.90     274.43       OUTPATIENTS     25     128     8,385.04     65.51     .091     335.40     5.98       MEDICAL SUPPLIES     59     25,286     9,000.38     .36     18.023     152.55     6.42								•
OUTPATIENTS         25         128         8,385.04         65.51         .091         335.40         5.98           MEDICAL SUPPLIES         59         25,286         9,000.38         .36         18.023         152.55         6.42								
MEDICAL SUPPLIES 59 25,286 9,000.38 .36 18.023 152.55 6.42								
@DENTIST 133 331 \$ 9,340.00 \$ 28.22 .236 \$ 70.23 \$ 6.66								
	@DENTIST	133	331 \$	9,340.00	\$ 28.22	.236 \$	70.23	\$ 6.66

VISITS - DIAGNOSTIC	129	305	4,372.00	14.33	.217	33.89	3.12
ORAL SURGERY	2	12	613.00	51.08	.009	306.50	.44
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.001	200.00	.14
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	2	340.00	170.00	.001	170.00	.24
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	7	11	3,815.00	346.82	.008	545.00	2.72
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REPORT	RT FOR JAN	2003 THRU DE	C 2003	PAGE 18,390
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04

MOP024

YUBA COUNTY

IODA COUNTI	SOMMAN OF SERV	ICES FOR	1,117	JING	1 1111111	CARE TOTAL	ļ		M	דומ	HLY AVERA	CF	
1,403 ELIGIBLES	USERS	UNITS OF	SERVICE	3		EXPENDITURES	ΑV	VERAGE COST			COST PER		COST PER
1,100 111011111	0.021.0		OF CAR					ER UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	18	011 21112	53	\$		903.89			.038		50.22	\$	.64
DIAGNOSTIC AND ANC. PROCED	0		0	Υ.		.00		.00	.000	~	.00	Υ	.00
EYE APPLIANCES	18		53			903.89		17.05	.038		50.22		.64
OTHER OPTOMETRIC SERVICES	0		0			.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$		.00		.00	.000	ė.	.00	\$	.00
	0		0	Ą					.000	Ą	.00	Ą	.00
VISITS	0		•			.00		.00					
OTHER SERVICES	1.0		0			.00		.00	.000		.00		.00
@PODIATRIST	49		61	\$		479.57		7.86	.043	Ş	9.79	\$	.34
MEDICINE/INJECTIONS	3		3			100.60		33.53	.002		33.53		.07
SURGERY/ANES.	Ţ		1			32.02		32.02	.001		32.02		.02
RADIO./PATHOLOGY	0		0			.00		.00	.000		.00		.00
OTHER	45		57			346.95		6.09	.041		7.71		.25
@HOME HEALTH AGENCY	0		0	\$		.00		.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	52		203	\$		52,831.50	\$	260.25	.145	\$	1015.99	\$	37.66
HOSP INPATIENT TOTAL	37		142			51,525.22		362.85	.101		1392.57		36.73
HSC HOSPITALS	5		30			27,150.00		905.00	.021		5430.00		19.35
NON-HSC HOSPITAL TOTAL	1		3			.00		.00	.002		.00		.00
ACCOMMODATIONS	1		3			.00		.00	.002		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		Ô			.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		3			.00		.00	.002		.00		.00
ANCILLARIES	1		0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	31		109			24,375.22		223.63	.078		786.30		17.37
ALL OTHER INPATIENT	0		0			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	18		61			1,306.28		21.41	.043		72.57		.93
MEDICAL	0		0			.00		.00	.000		.00		.00
SURGERY	0		0			.00		.00	.000		.00		.00
PATHOLOGY	0		0			.00		.00	.000		.00		.00
	0		0			.00		.00	.000		.00		.00
RADIOLOGY ROOM USE	0		0			.00		.00	.000		.00		.00
	18		61			1,306.28					72.57		.93
CROSSOVERS/ALL OTH OUTPTNT	0		0	\$		.00		21.41 .00	.043	\$	.00	\$	.00
@COUNTY HOSPITAL TOTAL	0		0	Ą		.00			.000	Ą	.00	Ą	.00
CO HOSPITAL INPATIENT TOTAL	0		0			.00		.00	.000		.00		.00
HSC HOSPITALS	0		0					.00			.00		.00
NON-HSC HOSPITALS TOTAL	0		0			.00		.00	.000				
ACCOMMODATIONS	0		0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00	.000		.00		.00
ANCILLARIES	0		0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0			.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0			.00		.00	.000		.00		.00
MEDICAL	0		0			.00		.00	.000		.00		.00
SURGERY	0		0			.00		.00	.000		.00		.00
PATHOLOGY	0		0			.00		.00	.000		.00		.00
RADIOLOGY	0		0			.00		.00	.000		.00		.00
ROOM USE	0		0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		PENDITU	RES	MONTH	-OF-PAYMENT	REPO	RT FOR JAN 2	2003 THRU	DEC	2003	P.	AGE 18,391
MOP024	FEE-FOR-SERVICE	/DENTAL											01/29/04

01/29/04

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

							M	ONT	HLY AVERA	GE	
1,403 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
againmuttu vagattu mami	F.0	OR DAYS OF CARE	4	EQ 021 EQ		UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	52	203	\$	52,831.50	\$	260.25	.145	\$	1015.99	\$	37.66
COMM HOSP INPATIENT TOTAL	37	142		51,525.22		362.85	.101		1392.57		36.73
HSC HOSPITALS	5	30		27,150.00		905.00	.021		5430.00		19.35
NON-HSC HOSPITALS TOTAL	1 1	3		.00		.00	.002		.00		.00
ACCOMMODATIONS	0	3		.00		.00	.002		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	1	3		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	0		.00		.00	.002		.00		.00
ANCILLARIES INPATIENT CROSSOVERS	31	109		24,375.22		.00 223.63	.078		786.30		17.37
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	18	61		1,306.28		21.41	.043		72.57		.93
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	18	61		1,306.28		21.41	.043		72.57		.93
@STATE HOSPITAL	12	365	\$	188,665.98	\$	516.89	.260	Ś	15722.17	\$	134.47
MENTALLY ILL	12	365	~	188,665.98	٧	516.89	.260		15722.17	~	134.47
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1,154	34,501	\$	3,766,592.60	\$	109.17	24.591	\$	3263.95	\$	2684.67
LEV A-INTERMEDIATE	0	0	τ.	.00	τ	.00	.000	Υ	.00	Υ	.00
LEV B-REHAB MD	12	365		38,742.03		106.14	.260		3228.50		27.61
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	10	338		190,228.31		562.81	.241		19022.83		135.59
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1,132	33,798		3,537,622.26		104.67	24.090		3125.11		2521.47
@INTERMEDIATE CARE FACILDD	42	1,323	\$	201,700.69	\$	152.46	.943	\$	4802.40	\$	143.76
ICF DDH	18	593		79,373.99		133.85	.423		4409.67		56.57
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	24	730		122,326.70		167.57	.520		5096.95		87.19
@HEMODIALYSIS TOTAL	22	32	\$	19,383.84	\$	605.75	.023	\$	881.08	\$	13.82
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	22	32		19,383.84		605.75	.023		881.08		13.82
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	9	\$	208.23	\$	23.14	.006	\$	52.06	\$	.15
PATHOLOGY	3	5		131.08		26.22	.004		43.69		.09
XO AND OTHERS	1	4		77.15		19.29	.003		77.15		.05
@ORGANIZED OUTPATIENT CLINIC	21	36	\$	864.93	\$	24.03	.026	\$	41.19	\$	.62
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	21	36	-~	864.93		24.03	.026		41.19	_	.62
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	ES M	ONTH-OF-PAYMENT R	EDOK.I.	FOR JAN 2	2003 THRU	DEC	2003	Р	AGE 18,392
MOP024	FEE-FOR-SERVICE		та п	EDM CARE HOMAI							01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR MN - LOI	NG T	ERM CARE - TOTAL				ONTEN		aп	
1 402 ELICIPIEC	HOEDO	INITES OF SERVICE		EXPENDIBLIDED	7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7		M				
1,403 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
ANTI OTHER PROVIDERS	210	OR DAYS OF CARE	ė.	04 005 54			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	218	27,802	\$	84,985.54	\$	3.06	19.816	Þ	389.84	Þ	60.57
DURABLE MED. EQUIP.	14 0	205 0		10,611.45		51.76	.146		757.96		7.56
BLOOD BANK	16	17		.00		.00	.000		.00 594.50		.00
HEARING AID DISPENSERS MEDICAL TRANSPORTATION	93	9,752		9,511.97 31,618.89		559.53 3.24	.012 6.951		339.99		6.78 22.54
HIDICAL INANSPORTATION	23	9,134		31,010.09		3.44	0.931		332.33		44.54

8	26		1,020.55		39.25	.019	127.57		.73
59	9,483		29,406.73		3.10	6.759	498.42		20.96
28	243		1,191.61		4.90	.173	42.56		.85
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
18	41		475.25		11.59	.029	26.40		.34
0	0		.00		.00	.000	.00		.00
19	32		115.95		3.62	.023	6.10		.08
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
19	49		3,343.79		68.24	.035	175.99		2.38
12	218		24,104.47		110.57	.155	2008.71		17.18
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
42	17,488		5,203.77		.30	12.465	123.90		3.71
0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
445	35,695	\$	148,058.65	\$	4.15	25.442	\$ 332.72	\$	105.53
	28 0 0 0 0 0 18 0 19 0 0 0 0 19 12 0 0 0 0 42	59       9,483         28       243         0       0         0       0         0       0         0       0         18       41         0       0         19       32         0       0         0       0         0       0         0       0         19       49         12       218         0       0         0       0         0       0         0       0         0       0         0       0         42       17,488         0       0	59 9,483 28 243 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 18 41 0 0 0 19 32 0 0 0 0 0 0 0 0 0 19 49 12 218 0 0 0 0 0 0 0 0 0 0 0 0 0 17,488 0 0 \$	59       9,483       29,406.73         28       243       1,191.61         0       0       .00         0       0       .00         0       0       .00         0       0       .00         18       41       475.25         0       0       .00         19       32       115.95         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00	59       9,483       29,406.73         28       243       1,191.61         0       0       .00         0       0       .00         0       0       .00         0       0       .00         18       41       475.25         0       0       .00         19       32       115.95         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00 <t< td=""><td>59       9,483       29,406.73       3.10         28       243       1,191.61       4.90         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         18       41       475.25       11.59         0       0       .00       .00         19       32       115.95       3.62         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         19       49       3,343.79       68.24         12       218       24,104.47       110.57         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00</td><td>59         9,483         29,406.73         3.10         6.759           28         243         1,191.61         4.90         .173           0         0         .00         .00         .000           0         0         .00         .00         .000           0         0         .00         .00         .000           0         0         .00         .00         .000           0         0         .00         .00         .000           18         41         475.25         11.59         .029           0         0         .00         .00         .000           19         32         115.95         3.62         .023           0         0         .00         .00         .000           0         0         .00         .00         .000           0         0         .00         .00         .000           0         0         .00         .00         .000           0         0         .00         .00         .000           0         0         .00         .00         .000           0         .00         .00</td><td>59         9,483         29,406.73         3.10         6.759         498.42           28         243         1,191.61         4.90         .173         42.56           0         0         .00         .00         .000         .000           0         0         .00         .00         .000         .00           0         0         .00         .00         .000         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           18         41         475.25         11.59         .029         26.40           0         0         .00         .00         .00         .00           19         32         115.95         3.62         .023         6.10           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           <t< td=""><td>59         9,483         29,406.73         3.10         6.759         498.42           28         243         1,191.61         4.90         .173         42.56           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           18         41         475.25         11.59         .029         26.40           0         0         .00         .00         .00         .00           19         32         115.95         3.62         .023         6.10           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0&lt;</td></t<></td></t<>	59       9,483       29,406.73       3.10         28       243       1,191.61       4.90         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         18       41       475.25       11.59         0       0       .00       .00         19       32       115.95       3.62         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         19       49       3,343.79       68.24         12       218       24,104.47       110.57         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00	59         9,483         29,406.73         3.10         6.759           28         243         1,191.61         4.90         .173           0         0         .00         .00         .000           0         0         .00         .00         .000           0         0         .00         .00         .000           0         0         .00         .00         .000           0         0         .00         .00         .000           18         41         475.25         11.59         .029           0         0         .00         .00         .000           19         32         115.95         3.62         .023           0         0         .00         .00         .000           0         0         .00         .00         .000           0         0         .00         .00         .000           0         0         .00         .00         .000           0         0         .00         .00         .000           0         0         .00         .00         .000           0         .00         .00	59         9,483         29,406.73         3.10         6.759         498.42           28         243         1,191.61         4.90         .173         42.56           0         0         .00         .00         .000         .000           0         0         .00         .00         .000         .00           0         0         .00         .00         .000         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           18         41         475.25         11.59         .029         26.40           0         0         .00         .00         .00         .00           19         32         115.95         3.62         .023         6.10           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00 <t< td=""><td>59         9,483         29,406.73         3.10         6.759         498.42           28         243         1,191.61         4.90         .173         42.56           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           18         41         475.25         11.59         .029         26.40           0         0         .00         .00         .00         .00           19         32         115.95         3.62         .023         6.10           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0&lt;</td></t<>	59         9,483         29,406.73         3.10         6.759         498.42           28         243         1,191.61         4.90         .173         42.56           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           18         41         475.25         11.59         .029         26.40           0         0         .00         .00         .00         .00           19         32         115.95         3.62         .023         6.10           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0<

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,393 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 YUBA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 4,328 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE USER PER UNIT/DAY PER ELIG ELIGIBLE @TOTAL, ALL PROVIDERS 3,665 117,745 5,342,501.23 45.37 27.205 \$ 1457.71 \$ 1234.40 \$ 745 @PHYSICIANS SERVICES 2,039 38,935.31 19.10 .471 \$ 52.26 \$ 9.00 39 50 37.20 47.70 OUTPATIENT VISITS 1,860.24 .012 .43 .011 OFFICE VISITS 38 48 1,747.29 36.40 45.98 .40 HOME VISITS 0 0 .00 .00 .000 .00 .00 2 112.95 56.48 .000 112.95 EMERGENCY ROOM .03 PREVENTIVE CARE 0 .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI 0 .00 .00 .000 .00 .00 OTHER OUTPATIENT Ο .00 .00 .000 .00 .00 INPATIENT VISITS 59 3,550.16 .014 591.69 60.17 .82 .009 HOSPITAL VISITS 41 1,800.26 43.91 300.04 .42 18 1,749.90 97.22 .004 583.30 .40 CRITICAL CARE 0 .00 .00 .000 SNF/ICF/TRANS IP CARE .00 OPHTHALMOLOGICAL SERVICES 11 568.37 51.67 .003 63.15 .13 11 568.37 51.67 EXAMINATIONS .003 63.15 .13 .00 SERVICES AND MATERIALS 0 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY 19 1,146.30 60.33 .004 286.58 .26 723.75 120.63 180.94 PRINCIPAL SURGEON 6 .001 .17 ASSISTANT SURGEON 0 .00 .000 .00 .00 .00 ANESTHESIOLOGIST 13 422.55 32.50 .003 211,28 .10 **OUTPATIENT SURGERY** 13 2,518.61 193.74 .003 314.83 .58 .002 2,358.62 336.95 336.95 PRINCIPAL SURGEON .54 ASSISTANT SURGEON 0 .00 .00 .000 .00 .00 ANESTHESIOLOGIST 6 159.99 26.67 .001 159.99 .04 14 889.16 .003 222.29 DIALYSIS 63.51 .21 PATHOLOGY 29 72.27 2.49 .007 14.45 .02

RADIOLOGY	28	66		2,337.20		35.41	.015		83.47		.54
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	678	1,778		25,993.00		14.62	.411		38.34		6.01
@PHARMACY	2,822	40,899	\$	933,942.10	\$	22.84	9.450	\$	330.95	\$	215.79
PRESCRIPTION DRUGS	2,792	13,269		913,558.34		68.85	3.066		327.21		211.08
SNF/ICF	974	6,502		357,335.59		54.96	1.502		366.87		82.56
OUTPATIENTS	1,822	6,767		556,222.75		82.20	1.564		305.28		128.52
MEDICAL SUPPLIES	209	27,630		20,383.76		.74	6.384		97.53		4.71
@DENTIST	236	721	\$	32,496.00	\$	45.07	.167	\$	137.69	\$	7.51
VISITS - DIAGNOSTIC	183	474		6,788.00		14.32	.110		37.09		1.57
ORAL SURGERY	24	95		3,854.00		40.57	.022		160.58		.89
DRUGS	1	1		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	10	10		1,436.00		143.60	.002		143.60		.33
ENDODONTICS	5	7		1,515.00		216.43	.002		303.00		.35
RESTORATIVE DENTISTRY	22	55		3,847.00		69.95	.013		174.86		.89
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	32	78		15,056.00		193.03	.018		470.50		3.48
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND B	EXPENDITUR	ES MONTE	H-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PP	GE 18,394
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR	R MEDICAL	LY NEEDY	7 - AGED							
							M	ONTE	ILY AVERA	GE -	

						M	$\Gamma$ NO	'HLY AVERA	GE	
4,328 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	79	197	\$ 4,252.09	\$	21.58	.046	\$	53.82	\$	.98
DIAGNOSTIC AND ANC. PROCED	8	8	327.29		40.91	.002		40.91		.08
EYE APPLIANCES	62	172	3,352.29		19.49	.040		54.07		.77
OTHER OPTOMETRIC SERVICES	16	17	572.51		33.68	.004		35.78		.13
@CHIROPRACTOR	4	6	\$ 98.14	\$	16.36	.001	\$	24.54	\$	.02
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	4	6	98.14		16.36	.001		24.54		.02
@PODIATRIST	58	79	\$ 713.79	\$	9.04	.018	\$	12.31	\$	.16
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	58	79	713.79		9.04	.018		12.31		.16
@HOME HEALTH AGENCY	1	4	\$ 299.44	\$	74.86		\$	299.44	\$	.07
NURSE ANESTHESIST	1	3	\$ 71.85	\$	23.95	.001	\$	71.85	\$	.02
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	240	1,022	\$ 172,826.75	\$	169.11	.236	\$	720.11	\$	39.93
HOSP INPATIENT TOTAL	84	349	151,120.30		433.01	.081		1799.05		34.92
HSC HOSPITALS	1	4	3,900.00		975.00	.001		3900.00		.90
NON-HSC HOSPITAL TOTAL	4	50	84,137.81		1682.76	.012		21034.45		19.44
ACCOMMODATIONS	4	50	22,256.69		445.13	.012		5564.17		5.14
ADMINISTRATIVE DAYS	1	10	2,216.40		221.64	.002		2216.40		.51
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	40	20,040.29		501.01	.009		5010.07		4.63
ANCILLARIES	4	0	61,881.12		.00	.000		15470.28		14.30
INPATIENT CROSSOVERS	79	295	63,082.49		213.84	.068		798.51		14.58
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	168	673	21,706.45		32.25	.155		129.21		5.02
MEDICAL	13	26	952.51		36.64	.006		73.27		.22

SURGERY	4	5	373.80	74.76	.001	93.45	.09
PATHOLOGY	15	55	595.61	10.83	.013	39.71	.14
RADIOLOGY	19	27	1,775.11	65.74	.006	93.43	.41
ROOM USE	12	20	1,122.37	56.12	.005	93.53	.26
CROSSOVERS/ALL OTH OUTPINT	142	540	16,887.05	31.27	.125	118.92	3.90
@COUNTY HOSPITAL TOTAL	2	11 \$	257.66 \$	23.42	.003 \$	128.83 \$	.06
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	2	11	257.66	23.42	.003	128.83	.06
MEDICAL	2	4	76.83	19.21	.001	38.42	.02
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	4.40	4.40	.000	4.40	.00
RADIOLOGY	1	1	24.39	24.39	.000	24.39	.01
ROOM USE	2	4	139.76	34.94	.001	69.88	.03
CROSSOVERS/ALL OTH OUTPTNT	1	1	12.28	12.28	.000	12.28	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	r for Jan	2003 THRU DE	C 2003	PAGE 18,395
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/29/04
YUBA COUNTY	SUMMARY OF SERVICES F	FOR MEDICALLY	NEEDY - AGED				
					MON	THLY AVERAG	SE

MOPUZ4	FEE-FOR-SERVICE/I		MEEDY AGED				01/29/04				
YUBA COUNTY	SUMMARY OF SERVIC	CES FOR MEDICALLY	NEEDY - AGED								
4 200					MONT						
4,328 ELIGIBLES	USERS (	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER				
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE				
@COMMUNITY HOSPITAL TOTAL	238	1,011 \$		\$ 170.69	.234 \$	725.08					
COMM HOSP INPATIENT TOTAL	84	349	151,120.30	433.01	.081	1799.05	34.92				
HSC HOSPITALS	1	4	3,900.00	975.00	.001	3900.00	.90				
NON-HSC HOSPITALS TOTAL	4	50	84,137.81	1682.76	.012	21034.45	19.44				
ACCOMMODATIONS	4	50	22,256.69	445.13	.012	5564.17	5.14				
ADMINISTRATIVE DAYS	1	10	2,216.40	221.64	.002	2216.40	.51				
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00				
ALL OTHER ACCOM	4	40	20,040.29	501.01	.009	5010.07	4.63				
ANCILLARIES	4	0	61,881.12	.00	.000	15470.28	14.30				
INPATIENT CROSSOVERS	79	295	63,082.49	213.84	.068	798.51	14.58				
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00				
COMM HOSP OUTPATIENT TOTAL	166	662	21,448.79	32.40	.153	129.21	4.96				
MEDICAL	11	22	875.68	39.80	.005	79.61	.20				
SURGERY	4	5	373.80	74.76	.001	93.45	.09				
PATHOLOGY	14	54	591.21	10.95	.012	42.23	.14				
RADIOLOGY	18	26	1,750.72	67.34	.006	97.26	.40				
ROOM USE	10	16	982.61	61.41	.004	98.26	.23				
CROSSOVERS/ALL OTH OUTPTNT	141	539	16,874.77	31.31	.125	119.68	3.90				
CTATE HOCDITAL	1.0	365 \$		\$ 516.89			\$ 43.59				
MENTALLY ILL	12	365	188,665.98	516.89		15722.17	43.59				
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00				
@NURSING FACILITY	1.190	35,319 \$		\$ 107.22	8.161 \$	3182.16					
LEV A-INTERMEDIATE	12 0 1,190	0	.00	.00	.000	.00	.00				
LEV B-REHAB MD	11	334	35,481.20	106.23	.077	3225.56	8.20				
LEV B-SUBACUTE FREESTANDING		0	.00	.00	.000	.00	.00				
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00				
LEV B-TRANSITIONAL IP CARE		0	.00	.00	.000	.00	.00				
LEV B-REGULAR	0 1,179	34,985	3,751,293.23	107.23	8.083	3181.76	866.75				
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00					
ICF DDH	0	0	.00	.00	.000	.00	.00				
ICF DD	0	0	.00	.00	.000	.00	.00				
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00				
@HEMODIALYSIS TOTAL	33	127 \$		\$ 236.20	.029 \$	909.01					
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00				
HEMODIALYSIS CENTER	33	127	29,997.21	236.20	.029	909.01	6.93				
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$		\$ .00				
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00				
INDEPENDENT FACILITY	0	Ö	.00	.00	.000	.00	.00				
@LABORATORY FACILITY	31	143 \$	1,920.19	\$ 13.43	.033 \$	61.94					
PATHOLOGY	26	135	1,807.42	13.39	.031	69.52	.42				
XO AND OTHERS	5	8	112.77	14.10	.002	22.55	.03				
@ORGANIZED OUTPATIENT CLINIC	530	964 \$	34,850.18	\$ 36.15	.223 \$		\$ 8.05				
CLINIC	1	2	22.94	11.47	.000	22.94	.01				
SURGICENTER	12	18	2,097.50	116.53	.004	174.79	.48				
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00				
RURAL HEALTH CLINIC	518	944	32,729.74	34.67	.218	63.18	7.56				
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT F				PAGE 18,396				
"CILLI DUI OI IIIIIIII DEKV	THE CAM SHIVE CER	, into darining it office	TOTALL OF THE PROPERTY	LLI CICI I CIC UAIN	LUUU TIIKO DEC	2005	11.01 10,000				

MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

					MC	NTHLY AVERAG	GE
4,328 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	568	35,857 \$	116,657.77	\$ 3.25	8.285	\$ 205.38	\$ 26.95
DURABLE MED. EQUIP.	22	112	6,028.94	53.83	.026	274.04	1.39
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	28	29	12,110.27	417.60	.007	432.51	2.80
MEDICAL TRANSPORTATION	106	11,445	39,148.96	3.42	2.644	369.33	9.05
AMBULANCES/AIR TRANS	3	9	413.60	45.96	.002	137.87	.10
OTHER TRANS	74	11,079	37,495.85	3.38	2.560	506.70	8.66
OTHER SERVICES	30	357	1,239.51	3.47	.082	41.32	.29
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	19	99	8,955.57	90.46	.023	471.35	2.07
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	78	177	2,288.62	12.93	.041	29.34	.53
PHYSICAL THERAPIST	2	12	120.48	10.04	.003	60.24	.03
PORTABLE X-RAY	22	37	119.09	3.22	.009	5.41	.03
PROSTHETIST/ORTHOTISTS	10	13	355.21	27.32	.003	35.52	.08
PROSTHETICS	10	13	355.21	27.32	.003	35.52	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	21	50	4,502.68	90.05	.012	214.41	1.04
HOSPICE SERVICES	12	218	24,104.47	110.57	.050	2008.71	5.57
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	298	23,665	18,923.48	.80	5.468	63.50	4.37
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	1,223	40,916 \$	274,302.69	\$ 6.70	9.454	\$ 224.29	\$ 63.38
* TOTAL IN THESE TIMES AND CIV	וער איט א מביטאו	TATE TATE ODMATT ATT	M ONT W.				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,397
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 47 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 38 11 3 3 0 32,604.99 \$ 31.08 22.319 \$ 858.03 \$ 693.72 @TOTAL, ALL PROVIDERS 1,049 @PHYSICIANS SERVICES 33 3,306.68 \$ 100.20 .702 \$ 300.61 \$ 70.35 27.01 .128
27.01 .128
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000
.00 .000 162.06 27.01 162.06 27.01 .128 54.02 OUTPATIENT VISITS OFFICE VISITS 54.02 3.45 .00 .00 0 .00 HOME VISITS .00 .00 EMERGENCY ROOM .00 PREVENTIVE CARE .00 .00 .00 .00 OB VISITS/COMPRE PERI .00 OTHER OUTPATIENT .00 .00 .00 .00 .00 INPATIENT VISITS .00 .00 HOSPITAL VISITS .00 .00 .00 .00 CRITICAL CARE SNF/ICF/TRANS IP CARE 0 .00 .00 .00 92.88 OPHTHALMOLOGICAL SERVICES 46.44 1.98 92.88 46.44 1.98 EXAMINATIONS SERVICES AND MATERIALS .00 .00 .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	4	9		2,562.58		284.73	.191		640.65		54.52
PRINCIPAL SURGEON	2	3		2,172.00		724.00	.064		1086.00		46.21
ASSISTANT SURGEON	1	1		244.60		244.60	.021		244.60		5.20
ANESTHESIOLOGIST	1	5		145.98		29.20	.106		145.98		3.11
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	5		18.70		3.74	.106		6.23		.40
RADIOLOGY	1	3		347.74		115.91	.064		347.74		7.40
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	6	8		122.72		15.34	.170		20.45		2.61
@PHARMACY	26	512	\$	6,309.61	\$	12.32	10.894		242.68	\$	134.25
PRESCRIPTION DRUGS	22	100	·	5,217.81	·	52.18	2.128	·	237.17		111.02
SNF/ICF	6	42		2,145.92		51.09	.894		357.65		45.66
OUTPATIENTS	16	58		3,071.89		52.96	1.234		191.99		65.36
MEDICAL SUPPLIES	12	412		1,091.80		2.65	8.766		90.98		23.23
@DENTIST	2	12	\$	114.00	\$	9.50	.255	\$	57.00	\$	2.43
VISITS - DIAGNOSTIC	1	6	·	.00	·	.00	.128	·	.00		.00
ORAL SURGERY	1	3		.00		.00	.064		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	3		114.00		38.00	.064		114.00		2.43
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	O EXPENDITU	RES I	MONTH-OF-PAYMENT RI	EPOR7	FOR JAN	2003 THRU	DEC	2003	P	AGE 18,398
MOP024	FEE-FOR-SERVICE/DENTA	AL									01/29/04
YUBA COUNTY	SUMMARY OF SERVICES H	FOR MEDICA	LLY 1	NEEDY - BLIND							
							M			GE ·	
40 01 10101 00	TIGED G TRITE		_		3 7 7 7	TRAE GOOD			COCE DED		20 CE DED

47 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE		PEF	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	0	0	.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	1	1	\$ 16.72	\$	16.72	.021	\$	16.72	\$ .36
VISITS	1	1	16.72		16.72	.021		16.72	.36
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	0	0	.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	1	4	\$ 149.68	\$	37.42	.085	\$	149.68	\$ 3.18
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
@TOTAL HOSPITAL	2	5	\$ 409.05	\$	81.81	.106	\$	204.53	\$ 8.70
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
HSC HOSPITALS	0	0	.00		.00	.000		.00	.00

NON-HSC HOSPITAL TOTAL	0		0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00	
ANCILLARIES	0		0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	2		5	409.05	81.81	.106	204.53	8.70	
MEDICAL	1		1	18.29	18.29	.021	18.29	.39	
SURGERY	1		1	203.94	203.94	.021	203.94	4.34	
PATHOLOGY	0		0	.00	.00	.000	.00	.00	
RADIOLOGY	1		1	23.51	23.51	.021	23.51	.50	
ROOM USE	1		2	163.31	81.66	.043	163.31	3.47	
CROSSOVERS/ALL OTH OUTPTNT	0		0	.00	.00	.000	.00	.00	
@COUNTY HOSPITAL TOTAL	0		0 \$	.00	\$ .00	.000 \$	.00	\$ .00	
CO HOSPITAL INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00	
ANCILLARIES	0		0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0		0	.00	.00	.000	.00	.00	
MEDICAL	0		0	.00	.00	.000	.00	.00	
SURGERY	0		0	.00	.00	.000	.00	.00	
PATHOLOGY	0		0	.00	.00	.000	.00	.00	
RADIOLOGY	0		0	.00	.00	.000	.00	.00	
ROOM USE	0		0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0		0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXP	ENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2003 THRU DE	C 2003	PAGE 18,399	
MOP024	FEE-FOR-SERVICE/I	ENTAL						01/29/04	
YUBA COUNTY	SUMMARY OF SERVICE	ES FOR 1	MEDICALLY	NEEDY - BLIND					
						MON		GE	
47 ELIGIBLES	USERS U	NITS OF S	SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS (	OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@COMMINITTY LOCDITAL TOTAL	2		5 ¢	100 05	Ċ Q1 Q1	106 ¢	204 53	¢ 9.70	

						IIIII AVEKAGE	
47 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	5 \$	409.05	\$ 81.81	.106 \$	204.53 \$	8.70
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	5	409.05	81.81	.106	204.53	8.70
MEDICAL	1	1	18.29	18.29	.021	18.29	.39
SURGERY	1	1	203.94	203.94	.021	203.94	4.34
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	23.51	23.51	.021	23.51	.50
ROOM USE	1	2	163.31	81.66	.043	163.31	3.47
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00

@NURSING FACILITY	6	159	\$	17,820.49	\$	112.08	3.383	\$ 2970.08	\$	379.16
LEV A-INTERMEDIATE	0	0	·	.00	-	.00	.000	.00	-	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	6	159		17,820.49		112.08	3.383	2970.08		379.16
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	2	3	\$	1,693.46	\$	564.49	.064	\$ 846.73	\$	36.03
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	2	3		1,693.46		564.49	.064	846.73		36.03
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	2	14 \$	151.45	\$	10.82	.298	\$ 75.73	\$	3.22
PATHOLOGY	2	14	151.45		10.82	.298	75.73		3.22
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$	.00	.000	\$ .00	\$	.00
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2003 THRU D	EC 2003	PAC	GE 18,400
MOP024	FEE-FOR-SERVICE/DENTA	L							01/29/04
YUBA COUNTY	SUMMARY OF SERVICES F	OR MEDICALLY	NEEDY - BLIND						

----- MONTHLY AVERAGE -----

MONTHI V AMEDACE

47 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 17 306 2,633.85 8.61 6.511 \$ 154.93 \$ 56.04 DURABLE MED. EQUIP. 1 12 186.18 15.52 .255 186.18 3.96 BLOOD BANK Ω 0 .00 . 00 .000 . 00 . 00 HEARING AID DISPENSERS 1 1 1,061.82 1061.82 .021 1061.82 22.59 .00 .000 MEDICAL TRANSPORTATION .00 .00 .00 AMBULANCES/AIR TRANS Ω .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 OTHER TRANS .000 .00 .00 . 00 OTHER SERVICES . 00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC,MODEL-NF,NF,AIDS,MSSP .000 .00 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 PORTABLE X-RAY 0 .00 .00 .000 . 00 .00 .00 PROSTHETIST/ORTHOTISTS 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 PROSTHETICS ORTHOTICS .00 . 00 .000 . 00 . 00 .00 PSYCHOLOGIST .00 .00 .000 .00 SPEECH AND AUDIOLOGY 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS 0 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES 263 850.58 3.23 5.596 283.53 18.10 EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 .000 .00 .00 .00 RESPIRATORY CARE PRACT. 0 .00 .000 .00 .00 0 .00 .00 .00 PED SUBACUTE REHAB/WEANING .000 .00 ALL OTHER PROVIDERS 30 535.27 17.84 .638 44.61 11.39 @CALIF. CHILDREN SERVICES\* 1 12 186.18 \$ 15.52 .255 \$ 186.18 Ś 3.96 4,250.90 212.55 \$ @XOVER EXCLUDING STATE HOSP\*\* 20 81.75 1.106 \$ 90.44

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,401
MOP024 FEE-FOR-SERVICE/DENTAL
YUBA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

						MOD	ILLLI AVEKA	GE
3,150 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,554	32,019	\$	2,345,042.91	\$ 73.24	10.165	918.18	\$ 744.46
@PHYSICIANS SERVICES	674	2,655	\$	76,039.01	\$ 28.64	.843	112.82	\$ 24.14
OUTPATIENT VISITS	145	230		7,313.06	31.80	.073	50.43	2.32
OFFICE VISITS	124	184		5,772.17	31.37	.058	46.55	1.83
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	6	9		703.53	78.17	.003	117.26	.22

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	19	37		837.36		22.63	.012		44.07		.27
INPATIENT VISITS	43	242		10,433.96		43.12	.077		242.65		3.31
	35										
HOSPITAL VISITS		196		8,435.86		43.04	.062		241.02		2.68
CRITICAL CARE	2	3		364.80		121.60	.001		182.40		.12
SNF/ICF/TRANS IP CARE	14	43		1,633.30		37.98	.014		116.66		.52
OPHTHALMOLOGICAL SERVICES	19	25		1,027.78		41.11	.008		54.09		.33
EXAMINATIONS	19	25		1,027.78		41.11	.008		54.09		.33
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	26	110		10,703.97		97.31	.035		411.69		3.40
PRINCIPAL SURGEON	20	31		8,601.74		277.48	.010		430.09		2.73
ASSISTANT SURGEON	2	2		224.87		112.44	.001		112.44		.07
ANESTHESIOLOGIST	9	77		1,877.36		24.38	.024		208.60		.60
	27	7 7 75		5,352.76							1.70
OUTPATIENT SURGERY						71.37	.024		198.25		
PRINCIPAL SURGEON	21	24		4,153.73		173.07	.008		197.80		1.32
ASSISTANT SURGEON	2	2		107.63		53.82	.001		53.82		.03
ANESTHESIOLOGIST	8	49		1,091.40		22.27	.016		136.43		.35
DIALYSIS	5 18	5		956.76		191.35	.002		191.35		.30
PATHOLOGY	18	55		1,100.33		20.01	.017		61.13		.35
RADIOLOGY	125	308		11,589.34		37.63	.098		92.71		3.68
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	18	275		4,158.99		15.12	.087		231.06		1.32
OTHER SERVICES/ALL X-OVERS	468	1,330		23,402.06		17.60	.422		50.00		7.43
	1,991	14,279	بي	985,683.02	4	69.03	4.533	ė.		4	312.92
@PHARMACY		•	\$		\$			Ą		\$	
PRESCRIPTION DRUGS	1,953	9,000		962,084.70		106.90	2.857		492.62		305.42
SNF/ICF	120	900		63,113.14		70.13	.286		525.94		20.04
OUTPATIENTS	1,834	8,100		898,971.56		110.98	2.571		490.17		285.39
MEDICAL SUPPLIES	230	5,279		23,598.32		4.47	1.676		102.60		7.49
@DENTIST	132	674	\$	34,781.20	\$	51.60	.214	\$	263.49	\$	11.04
VISITS - DIAGNOSTIC	81	351		4,313.20		12.29	.111		53.25		1.37
ORAL SURGERY	26	137		6,915.00		50.47	.043		265.96		2.20
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	6	7		1,154.00		164.86	.002		192.33		.37
ENDODONTICS	10	19		4,175.00		219.74	.002		417.50		1.33
	33	92							218.97		2.29
RESTORATIVE DENTISTRY				7,226.00		78.54	.029				
PROSTHETICS	1	1		50.00		50.00	.000		50.00		.02
DENTURES, STAYPLATES	25	63		10,948.00		173.78	.020		437.92		3.48
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	3	4		.00		.00	.001		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES I	MONTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2003 THRU	DEC	2003	P.	AGE 18,402
MOP024	FEE-FOR-SERVICE										01/29/04
YUBA COUNTY		ICES FOR MEDICAL	r.y.ī	NEEDY - DISABLED							,,
10211 0001111	Dollari of Daily	1020 1011 1120 10112					M	ONTI	HIY AVERA	GE	
3,150 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	77.7E	RAGE COST			COST PER	-	COST PER
3,130 EDIGIBLES	OSEKS			EXPENDITORES					USER		
OODEOMEED I GE	0.0	OR DAYS OF CARE	4	4 651 05		UNIT/DAY					ELIGIBLE
@OPTOMETRIST	82	230	\$	4,651.85	\$	20.23	.073	Ş	56.73	\$	1.48
DIAGNOSTIC AND ANC. PROCED	21	23		961.31		41.80	.007		45.78		.31
EYE APPLIANCES	72	202		3,468.16		17.17	.064		48.17		1.10
OTHER OPTOMETRIC SERVICES	6	5		222.38		44.48	.002		37.06		.07
@CHIROPRACTOR	7	14	\$	144.10	\$	10.29	.004	\$	20.59	\$	.05
VISITS	1	1		8.36		8.36	.000		8.36		.00
OTHER SERVICES	6	13		135.74		10.44	.004		22.62		.04
@PODIATRIST	46	67	\$	852.73	\$	12.73	.021	\$	18.54	\$	.27

SURGERY/ANES.

MEDICINE/INJECTIONS

4

1

4

852.73 122.00

32.02

12.73 30.50

32.02

32.02

18.54 \$ 30.50

.04

.01

.001

.000

RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	41	62	698.71	11.27	.020	17.04	.22
@HOME HEALTH AGENCY	2	3 \$	224.58	\$ 74.86	.001 \$	112.29	\$ .07
NURSE ANESTHESIST	1	7 \$	95.98	\$ 13.71	.002 \$	95.98	\$ .03
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
	•						
PEDIATRIC NURSE PRACTITIONER		0 \$	.00	\$ .00	.000 \$		\$ .00
FAMILY NURSE PRACTITIONER	3	10 \$	159.60	\$ 15.96	.003 \$	53.20	\$ .05
@TOTAL HOSPITAL	319	2,118 \$	452,196.70	\$ 213.50	.672 \$	1417.54	\$ 143.55
HOSP INPATIENT TOTAL	71	331	380,686.36	1150.11	.105	5361.78	120.85
HSC HOSPITALS	12	80	128,605.00	1607.56	.025	10717.08	40.83
NON-HSC HOSPITAL TOTAL	25	153	226,554.55	1480.75	.049	9062.18	71.92
ACCOMMODATIONS	24	153	54,819.82	358.30	.049	2284.16	17.40
ADMINISTRATIVE DAYS	2	21	4,722.06	224.86	.007	2361.03	1.50
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	132	50,097.76	379.53	.042	2277.17	15.90
ANCILLARIES	25	0	171,734.73	.00	.000	6869.39	54.52
INPATIENT CROSSOVERS	34	98	25,526.81	260.48	.031	750.79	8.10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	267	1,787	71,510.34	40.02	.567	267.83	22.70
MEDICAL	72	146	6,407.54	43.89	.046	88.99	2.03
SURGERY	12	15	686.74	45.78	.005	57.23	.22
PATHOLOGY	83	564	6,295.19	11.16	.179	75.85	2.00
RADIOLOGY	74	154	11,131.92	72.29	.049	150.43	3.53
ROOM USE	64	118	4,698.54	39.82	.037	73.41	1.49
	177	790					
CROSSOVERS/ALL OTH OUTPTNT			42,290.41	53.53	.251	238.93	13.43
@COUNTY HOSPITAL TOTAL	5	13 \$	325.56	\$ 25.04	.004 \$		\$ .10
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	U	U					
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	n	0	.00	.00	.000	.00	.00
	0	0	.00				
ALL OTHER ACCOM	U	Ü		.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	n	0	.00	.00	.000	.00	.00
	5	13					
CO HOSP OUTPATIENT TOTAL	5		325.56	25.04	.004	65.11	.10
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	n	0	.00	.00	.000	.00	.00
	0	0					
RADIOLOGY	Ü	Ü	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	5	13	325.56	25.04	.004	65.11	.10
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES					PAGE 18,403
			MOIVIII OI IZIIMBIVI KI	Eloni lon om	2005 TIMO DE	C 2003	
MOP024	FEE-FOR-SERVICE						01/29/04
YUBA COUNTY	SUMMARY OF SERV	VICES FOR MEDICALLY	NEEDY - DISABLED				
					MON'	THLY AVERA	GE
3,150 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	IINTTS/DAYS	COST PER	COST PER
3/130 111011111	OBLIG		BIII BIVDI I ORBO			USER	ELIGIBLE
		OR DAYS OF CARE		PER UNIT/DAY			
@COMMUNITY HOSPITAL TOTAL	315	2,105 \$	451,871.14	\$ 214.67	.668 \$		\$ 143.45
COMM HOSP INPATIENT TOTAL	71	331	380,686.36	1150.11	.105	5361.78	120.85
HSC HOSPITALS	12	80	128,605.00	1607.56	.025	10717.08	40.83
			226,554.55				
NON-HSC HOSPITALS TOTAL	25	153		1480.75	.049	9062.18	71.92
ACCOMMODATIONS	24	153	54,819.82	358.30	.049	2284.16	17.40
ADMINISTRATIVE DAYS	2	21	4,722.06	224.86	.007	2361.03	1.50
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	132	50,097.76	379.53	.042	2277.17	15.90
ANCILLARIES	25	0	171,734.73	.00	.000	6869.39	54.52
INPATIENT CROSSOVERS	34	98	25,526.81	260.48	.031	750.79	8.10
	0	0	0.0	0.0	0.00	0.0	0.0

0

0

ALL OTHER INPATIENT

.00

.000

.00

.00

.00

COMM HOSP OUTPATIENT TOTAL	263	1,774			71,184.78	3	40.13	.563		270.66		22.60
MEDICAL	72	146			6,407.54		43.89	.046		88.99		2.03
SURGERY	12	15			686.74		45.78	.005		57.23		.22
PATHOLOGY	83	564			6,295.19		11.16	.179		75.85		2.00
RADIOLOGY	74	154			11,131.92		72.29	.049		150.43		3.53
ROOM USE	64	118			4,698.54		39.82	.037		73.41		1.49
CROSSOVERS/ALL OTH OUTPTNT		777			41,964.85		54.01	.247		242.57		13.32
@STATE HOSPITAL	0	0	\$		.00			.000			Ġ	.00
MENTALLY ILL	0	0	-		.00		.00	.000		.00	т.	.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	94	2,390	\$	4	36,690.07	7 \$	182.72	.759	\$	4645.64	\$	138.63
LEV A-INTERMEDIATE	0	. 0			.00	) .	.00	.000		.00		.00
LEV B-REHAB MD	1 0 10	31			3,260.83	3	105.19	.010		3260.83		1.04
LEV B-SUBACUTE FREESTANDING	0	0			.00	)	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	10	338		1	90,228.31	L	562.81	.107		19022.83		60.39
LEV B-TRANSITIONAL IP CARE	()	(1)			.00	)	.00	.000		.00		.00
LEV B-REGULAR	83	2,021		2	43,200.93	3	120.34	.642		2930.13		77.21
@INTERMEDIATE CARE FACILDD	42	1,323	\$	2	01,700.69	\$	152.46	.420	\$	4802.40	\$	64.03
ICF DDH	18	593			79,373.99		133.85	.188		4409.67		25.20
ICF DD	0	0			.00	)	.00	.000		.00		.00
ICF DDN/DDCN	0 24	730		1	22,326.70	)	167.57	.232		5096.95		38.83
@HEMODIALYSIS TOTAL	40 0	546	\$		34,981.13	3 \$	64.07	.173	\$	874.53	\$	11.11
HOSPITAL BASED	0	0			.00	)	.00	.000		.00		.00
HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY	40	546			34,981.13	3	64.07	.173		874.53		11.11
@REHABILITATION FACILITY	1	1	\$		21.19			.000	\$		\$	.01
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	1	1			21.19		21.19	.000		21.19		.01
@LABORATORY FACILITY	94	425	\$		4,994.32		11.75	.135			\$	1.59
PATHOLOGY	92	423			4,976.51		11.76	.134		54.09		1.58
XO AND OTHERS	2	2			17.81		8.91	.001		8.91		.01
@ORGANIZED OUTPATIENT CLINIC	532	957	\$		47,829.10		49.98	.304			\$	15.18
CLINIC	4	7			94.63		13.52	.002		23.66		.03
SURGICENTER	9	32			1,810.12		56.57	.010		201.12		.57
HEROIN DETOX CLINIC	2	40			463.38		11.58	.013		231.69		.15
RURAL HEALTH CLINIC	523	878			45,460.97		51.78	.279		86.92		14.43
#CALIF DEPT OF HEALTH SERV			JRES	MONTH-OF	-PAYMENT	REPO	RT FOR JAN	2003 THRU	DEC	2003	PI	AGE 18,404
	FEE-FOR-SERVICE/DENTAL											01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FO	R MEDICA	ALLY	NEEDY -	DISABLED							
2 150 51 16151 56	Hanna Iniima	0= 0=D								THLY AVERA		

					11011	T1111 1 11 V 11 (11)	01
3,150 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	489	6,320 \$	63,997.64	\$ 10.13	2.006 \$	130.87	\$ 20.32
DURABLE MED. EQUIP.	31	145	13,509.68	93.17	.046	435.80	4.29
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	12	13	3,115.46	239.65	.004	259.62	.99
MEDICAL TRANSPORTATION	65	1,315	12,072.85	9.18	.417	185.74	3.83
AMBULANCES/AIR TRANS	36	199	4,779.91	24.02	.063	132.78	1.52
OTHER TRANS	14	983	3,810.94	3.88	.312	272.21	1.21
OTHER SERVICES	17	133	3,482.00	26.18	.042	204.82	1.11
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	11	129	7,084.14	54.92	.041	644.01	2.25
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	77	165	2,431.91	14.74	.052	31.58	.77
PHYSICAL THERAPIST	1	7	2.35	.34	.002	2.35	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	19	64	3,961.03	61.89	.020	208.48	1.26
PROSTHETICS	19	64	3,961.03	61.89	.020	208.48	1.26
ORTHOTICS	0	0	.00	.00	.000	.00	.00

PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	10	20	2,448.76	122.44	.006	244.88	.78
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	28	413	2,833.91	6.86	.131	101.21	.90
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	276	4,049	16,537.55	4.08	1.285	59.92	5.25
@CALIF. CHILDREN SERVICES*	10	62	\$ 7,700.73	\$ 124.21	.020	\$ 770.07	\$ 2.44
@XOVER EXCLUDING STATE HOSP**	776	5,788	\$ 131,643.58	\$ 22.74	1.837	\$ 169.64	\$ 41.79

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,405 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

USERS UNITS OF SERVICE

OR DAYS OF CARE

66,080 ELIGIBLES

YUBA COUNTY	SUMMARY OF SERVI	CES FOR MEDICALLY	NEEDY - FAMILIES				
					MON		
66,080 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	31,438	157,965 \$	9,837,085.89	\$ 62.27	2.391 \$	312.90	\$ 148.87
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES	7,240	22,997 \$	955,649.75	\$ 41.56	.348 \$	132.00	\$ 14.46
OUTPATIENT VISITS	3,618	4,200	178,619.64	42.53	.064	49.37	2.70
OFFICE VISITS	3.010	3,459	123,616.81	35.74	.052	41.07	1.87
HOME VISITS	5	6	377.80		.000	75.56	.01
EMERGENCY ROOM	198	222	11,508.08	51.84	.003	58.12	.17
DREVENTIVE CARE	2	2	82.72	41.36	.000	41.36	.00
OD VICITO/COMPDE DEDI	271	402	39,929.61	99.33	.006	106.76	.60
OTHER OUTDATTENT	3/4	109	3,104.62	28.48	.002	31.36	.05
OIRER OUIPAILENI	39		114,958.48	72.53		288.84	1.74
INPALLENT VISITS	398	1,585	114,958.48		.024		
HOSPITAL VISITS	368	1,119	50,041.18	44.72	.017	135.98	.76
CRITICAL CARE	52	466	64,917.30	139.31	.007	1248.41	.98
SNF/ICF/TRANS IP CARE	0	0	.00		.000	.00	.00
OPHTHALMOLOGICAL SERVICES	122	143	6,739.84	47.13	.002	55.24	.10
EXAMINATIONS	120	141	6,699.84	47.52	.002	55.83	.10
SERVICES AND MATERIALS	2	2	40.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	556	2,455	291,609.71	118.78	.037	524.48	4.41
PRINCIPAL SURGEON	331	386	230,138.10	596.21	.006	695.28	3.48
ASSISTANT SURGEON	69	70	12,011.33	171.59	.001	174.08	.18
ANESTHESIOLOGIST	267	1,999	49 460 28	24.74	.030	185.24	.75
OUTPATIENT SURGERY	589	1,715	105,999.17	61.81	.026	179.96	1.60
PRINCIPAL SURGEON	440	573	80,128.06	139.84	.009	182.11	1.21
OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS	11	11	1,236.03	112.37	.000	112.37	.02
AMESTHESTOLOGIST	188	1,131	24,635.08	21.78	.017	131.04	.37
DIVIAGE	100	0	.00	.00	.000	.00	.00
DATIOLOGY	206	384	5,653.73	14.72	.006	19.77	.09
PADIOLOGY	200	4 126		36.10	.063		
RADIOLOGI	2,/15	4,136	149,312.31			55.00	2.26
PSYCHIATRY	1 - 4	12	436.07	36.34	.000	39.64	.01
IMMUNIZATION AND INJECTION	154	332	8,146.73	24.54	.005	52.90	.12
OTHER BERVICES/THE II OVERS	1/2//	0,033	94,174.07	11.72	.122	72.50	1.43
@PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS	15,410	38,907 \$			.589 \$		
PRESCRIPTION DRUGS	15,282	37,131	2,016,378.25	54.30	.562	131.94	30.51
SNF/ICF	1	2	84.40	42.20	.000	84.40	.00
OUTPATIENTS	15,282	37,129	2,016,293.85	54.31	.562	131.94	30.51
MEDICAL SUPPLIES	421	1,776	58,736.65	33.07	.027	139.52	.89
@DENTIST	3,092	14,947 \$	545,406.88	\$ 36.49	.226 \$	176.39	\$ 8.25
VISITS - DIAGNOSTIC	2,086	9,143	136,205.79	14.90	.138	65.30	2.06
ORAL SURGERY	435	1,092	57,858.40	52.98	.017	133.01	.88
DRUGS	65	78	1,510.00	19.36	.001	23.23	.02
ANESTHESIA	42	42	3,800.00	90.48	.001	90.48	.06
PERIODONTICS	83	91	14,374.00	157.96	.001	173.18	.22
ENDODONTICS	253	574	72,811.25	126.85	.009	287.79	1.10
RESTORATIVE DENTISTRY	1 156	3,314	210,366.35	63.48	.050	181.98	3.18
PROSTHETICS	8	8	230.00	28.75	.000	28.75	.00
DENTURES, STAYPLATES	68	266	27,673.00	104.03	.004	406.96	.42
SPACE MAINTAINERS	20		2,590.00	99.62	.000	129.50	.04
MAXILLOFACIAL SERVICES	8	8	468.09	58.51	.000	58.51	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	157	205	16,695.00	81.44	.003	106.34	. 25
ALL OTHER SERVICES	63	100	825.00	8.25	.002	13.10	.01
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES	MONTH-OF-PAYMENT R	REPORT FOR JAN 2	2003 THRU DE	2 2003	PAGE 18,406
MOP024	FEE-FOR-SERVICE						01/29/04
YUBA COUNTY	SUMMARY OF SERVI	CES FOR MEDICALLY	NEEDY - FAMILIES				
					MON		
66 OOO ELICIDIEC	TICEDO	INITEC OF CEDUTOR	DAULMILL CINCA		TINTETE / DAVE	COCT DED	COCT DED

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

@OPTOMETRIST	765	2,068	\$	47,807.44	\$	23.12	.031	Ġ	62.49	\$	.72
DIAGNOSTIC AND ANC. PROCED	539	557	Ą	25,256.83	Ą	45.34	.008	Ą	46.86	Ą	.38
EYE APPLIANCES	542	1,506		22,491.49		14.93	.023		41.50		.34
OTHER OPTOMETRIC SERVICES	4	5		59.12		11.82	.000		14.78		.00
@CHIROPRACTOR	186	372	\$	6,010.84	\$	16.16	.006	\$	32.32	Ś	.09
VISITS	185	370	٧	5,977.40	٧	16.16	.006	٧	32.31	٧	.09
OTHER SERVICES	1	2		33.44		16.72	.000		33.44		.00
@PODIATRIST	10	19	\$	855.54	\$	45.03	.000	Ś	85.55	Ś	.01
MEDICINE/INJECTIONS	9	13	~	444.92	۲	34.22	.000	٧	49.44	Ψ.	.01
SURGERY/ANES.	1	1		84.14		84.14	.000		84.14		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	3	5		326.48		65.30	.000		108.83		.00
@HOME HEALTH AGENCY	196	273	\$	13,591.45	\$	49.79	.004	\$	69.34	\$	.21
NURSE ANESTHESIST	11	63	Š	944.31	\$	14.99	.001	\$	85.85	\$	.01
NURSE MIDWIFE	56	105	Ė	40,219.28	\$	383.04	.002	\$	718.20	\$	.61
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	526	1,170	\$	18,625.83	\$	15.92	.018	\$	35.41	\$	.28
@TOTAL HOSPITAL	5,527	26,392	\$	4,194,983.32	\$	158.95	.399	\$	759.00	\$	63.48
HOSP INPATIENT TOTAL	546	2,524	•	3,498,704.97		1386.17	.038		6407.88		52.95
HSC HOSPITALS	79	808		1,021,130.18		1263.77	.012		12925.70		15.45
NON-HSC HOSPITAL TOTAL	467	1,715		2,477,005.73		1444.32	.026		5304.08		37.48
ACCOMMODATIONS	467	1,715		679,724.91		396.34	.026		1455.51		10.29
ADMINISTRATIVE DAYS	3	46		10,253.40		222.90	.001		3417.80		.16
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	465	1,669		669,471.51		401.12	.025		1439.72		10.13
ANCILLARIES	466	0		1,797,280.82		.00	.000		3856.83		27.20
INPATIENT CROSSOVERS	1	1		569.06		569.06	.000		569.06		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5,253	23,868		696,278.35		29.17	.361		132.55		10.54
MEDICAL	1,598	2,161		104,074.76		48.16	.033		65.13		1.57
SURGERY	463	565		27,231.49		48.20	.009		58.82		.41
PATHOLOGY	2,161	8,030		102,291.40		12.74	.122		47.34		1.55
RADIOLOGY	2,283	3,052		174,045.70		57.03	.046		76.24		2.63
ROOM USE	2,742	3,905		152,503.12		39.05	.059		55.62		2.31
CROSSOVERS/ALL OTH OUTPTNT		6,155	4.	136,131.88	4.	22.12	.093	4.	71.88		2.06
@COUNTY HOSPITAL TOTAL	15	59	\$	5,990.59	\$	101.54		\$	399.37	Ş	.09
CO HOSPITAL INPATIENT TOTAL		4		4,346.02		1086.51	.000		2173.01		.07
HSC HOSPITALS	2	4		4,346.02		1086.51	.000		2173.01		.07
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	14	55		1,644.57		29.90	.001		117.47		.02
MEDICAL	4	8		402.41		50.30	.000		100.60		.01
SURGERY	2	3		79.25		26.42	.000		39.63		.00
PATHOLOGY	6	20		316.76		15.84	.000		52.79		.00
RADIOLOGY	1	8		163.01		20.38	.000		163.01		.00
ROOM USE	5	7		355.29		50.76	.000		71.06		.01
CROSSOVERS/ALL OTH OUTPTNT	7	9		327.85		36.43	.000		46.84		.00
#CALIF DEPT OF HEALTH SERV			S M	MONTH-OF-PAYMENT RI	EPOR			DEC		PΑ	AGE 18,407
MOP024	FEE-FOR-SERVICE	-									01/29/04
YUBA COUNTY		VICES FOR MEDICALI	Y N	NEEDY - FAMILIES							
			_				M	ONT	HLY AVERA	GE -	
66,080 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST					COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,513	26,333	\$	4,188,992.73	\$	159.08	.399	\$	759.84	\$	63.39

COMM HOSP INPATIENT TOTAL	544	2,520	3,494,358.95	5	1386.65	.038	6423.45		52.88
HSC HOSPITALS	77	804	1,016,784.16	5	1264.66	.012	13204.99		15.39
NON-HSC HOSPITALS TOTAL	467	1,715	2,477,005.73		1444.32	.026	5304.08		37.48
ACCOMMODATIONS	167	1,715	679,724.92	1	396.34	.026	1455.51		10.29
ACCOMMODALIONS	407	1,715	10 252 4	L					
ADMINISTRATIVE DAYS	3	46	10,253.40	)	222.90	.001	3417.80		.16
TRANSITIONAL IP CARE	0	0	669,471.53	)	.00	.000	.00		.00
ALL OTHER ACCOM	465	1,669	669,471.53	L	401.12	.025	1439.72		10.13
ANCILLARIES	466	0	1.797.280.82	2	.00	.000	3856.83		27.20
INPATIENT CROSSOVERS	1	1	569.00		569.06	.000	569.06		.01
ALL OTHER INDATTENT	0	0	0.0	i i	.00	.000	.00		.00
COMM HOCD OUTDATTENT TOTAL	E 240	1 0 23,813	569.00 .00 694,633.78	5	29.17	.360	132.56		10.51
COMM HOSP COTPATIENT TOTAL	1,504	23,013	102 672 21	-	40.15				
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	1,594	2,133	103,072.3		48.15	.033	65.04		1.57
BORGERT	101	562	27,152.24		48.31	.009	58.90		.41
PATHOLOGY	2,155	8,010	101,974.64		12.73	.121	47.32		1.54
RADIOLOGY	2,282	3,044	173,882.69	9	57.12	.046	76.20		2.63
ROOM USE	2,737	3,898	152,147.83	3	39.03	.059	55.59		2.30
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	1.887	6,146	135,804.03		22.10	.093	71.97		2.06
@CTATE UCCDITAI	1,007	•	3 .00		.00	.000 \$		Ġ	.00
WENTER IN THE	0							Ą	
MENIALLY ILL	U	0	.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000	.00		.00
@NURSING FACILITY	0	0 \$	\$ .00	) \$	.00	.000 \$		\$	.00
LEV A-INTERMEDIATE	0	0	.00	)	.00	.000	.00		.00
LEV B-REHAB MD	0	0 0	.00	)	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000	.00		.00
I EM D_CHDACHTE UCDTI DACED	0	0	.00		.00	.000	.00		.00
IEV D DODACOTE HOFTE DADED	0	0	.00		.00	.000	.00		.00
LEV B-IRANSIIIONAL IP CARE	0	0							
LEV B-REGULAR	U	0	.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$			.00	.000 \$		Ş	.00
ICF DDH	0	0	.00	)	.00	.000	.00		.00
ICF DD	0	0	.00	)	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT  @STATE HOSPITAL  MENTALLY ILL  DEVELOP. DISABLED  @NURSING FACILITY  LEV A-INTERMEDIATE  LEV B-REHAB MD  LEV B-SUBACUTE FREESTANDING  LEV B-SUBACUTE HSPTL BASED  LEV B-TRANSITIONAL IP CARE  LEV B-REGULAR  @INTERMEDIATE CARE FACILDD  ICF DDH  ICF DD  ICF DDN/DDCN  @HEMODIALYSIS TOTAL  HOSPITAL BASED  HEMODIALYSIS CENTER  @REHABILITATION FACILITY  HOSPITAL BASED  INDEPENDENT FACILITY  @LABORATORY FACILITY  PATHOLOGY	0	0 7 5 0 7 24 5 24 0 10,434 5	.00	)	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	6	7 5	4,179.03		597.00	.000 \$	696.51	Ś	.06
HOSDITAL BASED	0	, 0	.00		.00	.000	.00	Ψ	.00
HEMODIAL VOIC CENTED	6	7	4,179.03		597.00	.000	696.51		.06
ODDIADII TOMO DAGII TOM	0	24						4	.02
@REHABILITATION FACILITY	9	24 5	1,403.7		58.49	.000 \$		Þ	
HOSPITAL BASED	9	24	1,403.73		58.49	.000	155.97		.02
INDEPENDENT FACILITY	0	0	.00	)	.00	.000	.00		.00
@LABORATORY FACILITY	2,566	10,434	148,202.04	4 \$	14.20	.158 \$	57.76	\$	2.24
PATHOLOGY	2,566 0	10,434	148,202.04	4	14.20	.158	57.76		2.24
XO AND OTHERS		0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	11 327		1,497,404.3			.290 \$		Ś	22.66
CLINIC	510	1 017	50,635.68		27.87	.027	97.56	Y	.77
CHINIC	319	416			32.00		158.50		.20
SURGICENTER	84		13,313.8			.006			
HEROIN DETOX CLINIC	519 84 5 10,811	66	664.15		10.06	.001	132.83		.01
RURAL HEALTH CLINIC	10,811	16,843	1,432,790.63	L	85.07	.255	132.53		21.68
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES	S MONTH-OF-PAYMENT	REPOR	T FOR JAN 2	2003 THRU DE	C 2003	PI	AGE 18,408
MOP024	FEE-FOR-SERVIC	E/DENTAL							01/29/04
YUBA COUNTY	SUMMARY OF SER	VICES FOR MEDICALLY	Y NEEDY - FAMILIES						
						MON	THLY AVERAG	GE -	
66,080 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	S AV	TERAGE COST	UNITS/DAYS	COST PER		COST PER
00,000 22101222	05210	OR DAYS OF CARE			R UNIT/DAY		USER		ELIGIBLE
WALL OWNED DEOMINEDS	4 222		286,687.26		13.62	.318 \$		\$	4.34
@ALL OTHER PROVIDERS	4,223		•	•				Ą	
DURABLE MED. EQUIP.	201	259	25,454.09		98.28	.004	126.64		.39
BLOOD BANK	0	0	.00		.00	.000	.00		.00
HEARING AID DISPENSERS	6	6	1,227.35		204.56	.000	204.56		.02
MEDICAL TRANSPORTATION	472	4,591	82,998.2		18.08	.069	175.84		1.26
MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS		4,591 4,463	82,998.2° 64,033.73		18.08 14.35	.069 .068	175.84 136.24		1.26 .97
AMBULANCES/AIR TRANS	472 470		64,033.73	L	14.35	.068	136.24		.97
AMBULANCES/AIR TRANS OTHER TRANS	472 470 2	4,463 115	64,033.71 190.84	L 4	14.35 1.66	.068 .002	136.24 95.42		.97 .00
AMBULANCES/AIR TRANS	472 470	4,463	64,033.73	L <del>1</del> 2	14.35	.068	136.24		.97

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	102	102	10,657.50	104.49	.002	104.49	.16
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	587	1,268	12,516.13	9.87	.019	21.32	.19
PHYSICAL THERAPIST	34	109	1,853.93	17.01	.002	54.53	.03
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	106	216	16,111.46	74.59	.003	151.99	.24
PROSTHETICS	103	212	15,765.77	74.37	.003	153.07	.24
ORTHOTICS	4	4	345.69	86.42	.000	86.42	.01
PSYCHOLOGIST	2	8	151.94	18.99	.000	75.97	.00
SPEECH AND AUDIOLOGY	98	198	8,609.35	43.48	.003	87.85	.13
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,641	12,432	123,594.40	9.94	.188	46.80	1.87
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	61	1,838	3,199.26	1.74	.028	52.45	.05
@CALIF. CHILDREN SERVICES*	193	1,831	\$ 606,695.32	\$ 331.35	.028	\$ 3143.50	\$ 9.18
@XOVER EXCLUDING STATE HOSP**	112	545	\$ 12,920.61	\$ 23.71	.008	\$ 115.36	\$ .20

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 18,409

01/29/04

YUBA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

TODA COUNTI	DOMMAKI OF DEK	VICED FOR MEDICALLI	NEEDI TOTAL				
					MON		
73,605 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	37,695	308,778 \$	17,557,235.02	\$ 56.86	4.195 \$		
@PHYSICIANS SERVICES	8,670	27,724 \$		\$ 38.74	.377 \$		
OUTPATIENT VISITS	3,805	4,486	187,955.00	41.90	.061	49.40	2.55
OFFICE VISITS	3,175	3,697	131,298.33	35.51	.050	41.35	1.78
HOME VISITS	5	6	377.80	62.97	.000	75.56	.01
EMERGENCY ROOM	205	233	12,324.56	52.90	.003	60.12	.17
PREVENTIVE CARE	2	2	82.72	41.36	.000	41.36	.00
OB VISITS/COMPRE PERI	374	402	39,929.61	99.33	.005	106.76	.54
OTHER OUTPATIENT	118	146	3,941.98	27.00	.002	33.41	.05
INPATIENT VISITS	447	1,886	128,942.60	68.37	.026	288.46	1.75
HOSPITAL VISITS	409	1,356	60,277.30	44.45	.018	147.38	.82
CRITICAL CARE	57	487	67,032.00	137.64	.007	1176.00	.91
SNF/ICF/TRANS IP CARE	14	43	1,633.30	37.98	.001	116.66	.02
OPHTHALMOLOGICAL SERVICES	152	181	8,428.87	46.57	.002	55.45	.11
EXAMINATIONS	150	179	8,388.87	46.87	.002	55.93	.11
SERVICES AND MATERIALS	2	2	40.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	586	2,584	303,459.98	117.44	.035	517.85	4.12
PRINCIPAL SURGEON	355	423	239,463.59	566.11	.006	674.55	3.25
ASSISTANT SURGEON	71	72	12,236.20	169.95	.001	172.34	.17
ANESTHESIOLOGIST	278	2,089	51,760.19	24.78	.028	186.19	.70
OUTPATIENT SURGERY	628	1,812	116,433.12	64.26	.025	185.40	1.58
PRINCIPAL SURGEON	470	607	88,812.41	146.31	.008	188.96	1.21
ASSISTANT SURGEON	14	14	1,588.26	113.45	.000	113.45	.02
ANESTHESIOLOGIST	198	1,191	26,032.45	21.86	.016	131.48	.35
DIALYSIS	9	19	1,845.92	97.15	.000	205.10	.03
PATHOLOGY	312	473	6,845.03	14.47	.006	21.94	.09
RADIOLOGY	2,869	4,513	163,586.59	36.25	.061	57.02	2.22
PSYCHIATRY	. 11	12	436.07	36.34	.000	39.64	.01
IMMUNIZATION AND INJECTION	172	607	12,305.72	20.27	.008	71.54	.17
OTHER SERVICES/ALL X-OVERS	2,451	11,151	143,691.85	12.89	.151	58.63	1.95

@PHARMACY	20,249	94,597	\$ 4,001,049.63	\$ 42.30	1.285	\$ 197.59	\$ 54.36
PRESCRIPTION DRUGS	20,049	59,500	3,897,239.10	65.50	.808	194.39	52.95
SNF/ICF	1,101	7,446	422,679.05	56.77	.101	383.90	5.74
OUTPATIENTS	18,954	52,054	3,474,560.05	66.75	.707	183.32	47.21
MEDICAL SUPPLIES	872	35,097	103,810.53	2.96	.477	119.05	1.41
@DENTIST	3,462	16,354	\$ 612,798.08	\$ 37.47	.222	\$ 177.01	\$ 8.33
VISITS - DIAGNOSTIC	2,351	9,974	147,306.99	14.77	.136	62.66	2.00
ORAL SURGERY	486	1,327	68,627.40	51.72	.018	141.21	.93
DRUGS	66	79	1,510.00	19.11	.001	22.88	.02
ANESTHESIA	42	42	3,800.00	90.48	.001	90.48	.05
PERIODONTICS	99	108	16,964.00	157.07	.001	171.35	.23
ENDODONTICS	268	600	78,501.25	130.84	.008	292.92	1.07
RESTORATIVE DENTISTRY	1,212	3,464	221,553.35	63.96	.047	182.80	3.01
PROSTHETICS	9	9	280.00	31.11	.000	31.11	.00
DENTURES, STAYPLATES	125	407	53,677.00	131.88	.006	429.42	.73
SPACE MAINTAINERS	20	26	2,590.00	99.62	.000	129.50	.04

8 MAXILLOFACIAL SERVICES 8 468.09 58.51 .000 58.51 .01 0 0 .00 FRACTURES, DISLOCATIONS .00 .00 .000 .00 ORTHODONTIC SERVICES 157 205 16,695.00 81.44 .003 106.34 .23 67 105 7.86 12.31 ALL OTHER SERVICES 825.00 .001 .01 PAGE 18,410

01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

YUBA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

YUBA COUNTY	SUMMARY OF SER	VICES FOR MEDICAL	LLY N	EEDY - TOTAL							
							M				
73,605 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	926	2,495	\$	56,711.38	\$	22.73	.034	\$	61.24	\$	.77
DIAGNOSTIC AND ANC. PROCED	568	588		26,545.43		45.15	.008		46.73		.36
EYE APPLIANCES	676	1,880		29,311.94		15.59	.026		43.36		.40
OTHER OPTOMETRIC SERVICES	26	27		854.01		31.63	.000		32.85		.01
@CHIROPRACTOR	198	393	\$	6,269.80	\$	15.95	.005	\$	31.67	\$	.09
VISITS	187	372		6,002.48		16.14	.005		32.10		.08
OTHER SERVICES	11	21		267.32		12.73	.000		24.30		.00
@PODIATRIST	114	165	\$	2,422.06	\$	14.68	.002	\$	21.25	\$	.03
MEDICINE/INJECTIONS	13	17	•	566.92	·	33.35	.000	•	43.61	•	.01
SURGERY/ANES.	2	2		116.16		58.08	.000		58.08		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	102	146		1,738.98		11.91	.002		17.05		.02
@HOME HEALTH AGENCY	200	284	\$		\$	50.23	.004	\$	71.33	\$	.19
NURSE ANESTHESIST	13	73	\$	1,112.14	\$	15.23	.001		85.55	\$	.02
@PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE DRACTITIONER	56	105	Ė	40,219.28	\$	383.04	.001		718.20	\$	.55
PEDIATRIC NURSE PRACTITIONER	0	0	\$ \$	.00	\$	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	529	1,180	\$	18,785.43	\$	15.92	.016	Š	35.51	Š	.26
@TOTAL HOSPITAL	6.088	29,537	\$	4,820,415.82	Š	163.20	.401	Š	791.79		65.49
HOSP INPATIENT TOTAL	701	3,204	т	4,030,511.63		1257.96	.044	Υ	5749.66	Υ.	54.76
HSC HOSPITALS	92	892		1,153,635.18		1293.31	.012		12539.51		15.67
NON-HSC HOSPITAL TOTAL	529 6,088 701 92 496 495	1,918		2,787,698.09		1453.44	.026		5620.36		37.87
ACCOMMODATIONS	495	1,918		756,801.42		394.58	.026		1528.89		10.28
ADMINISTRATIVE DAYS	6	77		17,191.86		223.27	.001		2865.31		.23
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	495 6 0 491 495	1.841		739,609.56		401.74	.025		1506.33		10.05
ANCILLARIES	495	1,011		2,030,896.67		.00	.000		4102.82		27.59
INPATIENT CROSSOVERS	114	394		89,178.36		226.34	.005		782.27		1.21
ALL OTHER INPATIENT		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5,690 1,684	26,333		789,904.19		30.00	.358		138.82		10.73
MEDICAL	1 694	2,334		111,453.10		47.75	.032		66.18		1.51
SURGERY	480	586		28,495.97		48.63	.008		59.37		.39
PATHOLOGY	2,259	8,649		109,182.20		12.62	.118		48.33		1.48
RADIOLOGY	2,377	3,234		186,976.24		57.82	.044		78.66		2.54
ROOM USE	2,819	4,045		158,487.34		39.18	.055		56.22		2.15
CROSSOVERS/ALL OTH OUTPTNT		7,485		195,309.34		26.09	.102		88.26		2.65
@COUNTY HOSPITAL TOTAL	2,213	83	\$		\$		.001	Ġ	298.81	Ġ	.09
CO HOSPITAL INPATIENT TOTAL	22 2 2 2 0	4	Ą	4,346.02		1086.51	.000	Ą	2173.01	Ą	.06
HSC HOSPITALS	2	4		4,346.02		1086.51	.000		2173.01		.06
NON-HSC HOSPITALS TOTAL	2	0		.00	-	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0				.00	.000				
ALL OTHER ACCOM	0	0		.00		.00			.00		.00
ANCILLARIES	U	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	21	79		2,227.79		28.20	.001		106.09		.03
MEDICAL	6 2	12		479.24		39.94	.000		79.87		.01
SURGERY	_	3		79.25		26.42	.000		39.63		.00
PATHOLOGY	7	21		321.16		15.29	.000		45.88		.00

RADIOLOGY
ROOM USE
CROSSOVERS/ALL OTH OUTPINT
13
23
495.05
45.00
000
70.72
01
CROSSOVERS/ALL OTH OUTPINT
13
23
665.69
28.94
000
51.21
01
#CALIF DEPT OF HEALTH SERV
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003
PAGE 18,411
MOP024
YUBA COUNTY
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL
------ MONTHLY AVERAGE -------

YUBA COUNTY

SIMMARY OF SERVICES DON MEDICALLY NEETY - TOTAL

73,605 ELIGIBLES

USERS UNITS OF SERVICES BY SERVICE EXPENDITURES WITHOUT STREET SERVICES PROVIDED SERVICES OF SERVICES PROVIDED SERVICES OF SERVICES PROVIDED SERVICE

73,605 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5,297	63,528 \$	4	469,976.52	\$ 7.40	.863	\$ 88.73	\$ 6.39
DURABLE MED. EQUIP.	255	528		45,178.89	85.57	.007	177.17	.61
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	47	49		17,514.90	357.45	.001	372.66	.24
MEDICAL TRANSPORTATION	643	17,351	1	134,220.08	7.74	.236	208.74	1.82
AMBULANCES/AIR TRANS	509	4,671		69,227.22	14.82	.063	136.01	.94
OTHER TRANS	90	12,177		41,497.63	3.41	.165	461.08	.56
OTHER SERVICES	60	503		23,495.23	46.71	.007	391.59	.32
ACUPUNCTURE	5	18		313.58	17.42	.000	62.72	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	102	102		10,657.50	104.49	.001	104.49	.14
IHMC, MODEL-NF, NF, AIDS, MSSP	30	228		16,039.71	70.35	.003	534.66	.22
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	742	1,610		17,236.66	10.71	.022	23.23	.23
PHYSICAL THERAPIST	37	128		1,976.76	15.44	.002	53.43	.03
PORTABLE X-RAY	22	37		119.09	3.22	.001	5.41	.00
PROSTHETIST/ORTHOTISTS	135	293		20,427.70	69.72	.004	151.32	.28
PROSTHETICS	132	289		20,082.01	69.49	.004	152.14	. 27
ORTHOTICS	4	4		345.69	86.42	.000	86.42	.00
PSYCHOLOGIST	2	8		151.94	18.99	.000	75.97	.00
SPEECH AND AUDIOLOGY	129	268		15,560.79	58.06	.004	120.63	.21
HOSPICE SERVICES	12	218		24,104.47	110.57	.003	2008.71	.33
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,672	13,108	1	127,278.89	9.71	.178	47.63	1.73
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	647	29,582		39,195.56	1.32	.402	60.58	.53
@CALIF. CHILDREN SERVICES*	204	1,905 \$		514,582.23	\$ 322.62		\$ 3012.66	\$ 8.35
@XOVER EXCLUDING STATE HOSP**	2,131	47,301 \$		423,117.78	\$ 8.95	.643	\$ 198.55	\$ 5.75

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

2

13

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON

ANESTHESIOLOGIST

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,413 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 YUBA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

----- MONTHLY AVERAGE -----6,014 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 2,935 18,173 849,510.07 \$ 46.75 3.022 \$ 289.44 \$ 141.26 @PHYSICIANS SERVICES 641 1,423 67,130.24 47.18 .237 \$ 104.73 \$ 11.16 OUTPATIENT VISITS 395 463 18,354.06 39.64 .077 46.47 3.05 OFFICE VISITS 329 372 13,170.12 35.40 40.03 2.19 .062 HOME VISITS 0 0 .00 .00 .000 .00 .00 44 50 2,338.34 46.77 .008 53.14 .39 EMERGENCY ROOM .00 .000 .00 PREVENTIVE CARE .00 OB VISITS/COMPRE PERI 21 27 2,391.03 88.56 .004 113.86 .40 50.51 OTHER OUTPATIENT 9 14 454.57 32.47 .002 .08 33 INPATIENT VISITS 190 13,415.12 70.61 .032 406.52 2.23 HOSPITAL VISITS 31 115 4,907.85 42.68 .019 158.32 .82 113.43 75 8,507.27 1417.88 CRITICAL CARE 6 .012 1.41 SNF/ICF/TRANS IP CARE 0 .00 .000 .00 .00 0 .00 OPHTHALMOLOGICAL SERVICES 23 1,019.77 44.34 .004 48.56 .17 **EXAMINATIONS** 22 994.77 45.22 .004 49.74 .17 25.00 25.00 SERVICES AND MATERIALS 1 25.00 .000 .00 INPATIENT HOSPITAL SURGERY 26 131 16,210.22 123.74 .022 623.47 2.70 PRINCIPAL SURGEON 20 24 13,170.10 548.75 .004 658.51 2.19

190.10

2,850.02

95.05

27.14

.000

.017

95.05

219.23

.03

.47

2

105

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

OUTPATIENT SURGERY	42	96	5,499.83	57.29	.016	130.95		.91
PRINCIPAL SURGEON	33	43	3,998.55	92.99	.007	121.17		.66
ASSISTANT SURGEON	2	2	129.56	64.78	.000	64.78		.02
ANESTHESIOLOGIST	11	51	1,371.72	26.90	.008	124.70		.23
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	38	57	343.74	6.03	.009	9.05		.06
RADIOLOGY	182	296	7,634.99	25.79	.049	41.95		1.27
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	8	15	404.77	26.98	.002	50.60		.07
OTHER SERVICES/ALL X-OVERS	64	152	4,247.74	27.95	.025	66.37		.71
@PHARMACY	1,402	5,821 \$	153,004.82	\$ 26.28	.968 \$	109.13	\$	25.44
PRESCRIPTION DRUGS	1,399	2,960	144,341.56	48.76	.492	103.17		24.00
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	1,399	2,960	144,341.56	48.76	.492	103.17		24.00
MEDICAL SUPPLIES	36	2,861	8,663.26	3.03	.476	240.65		1.44
@DENTIST	346	1,631 \$	49,726.74	\$ 30.49	.271 \$	143.72	\$	8.27
VISITS - DIAGNOSTIC	260	1,111	17,801.94	16.02	.185	68.47		2.96
ORAL SURGERY	34	67	5,014.00	74.84	.011	147.47		.83
DRUGS	9	13	285.00	21.92	.002	31.67		.05
ANESTHESIA	3	3	255.00	85.00	.000	85.00		.04
PERIODONTICS	2	2	255.00	127.50	.000	127.50		.04
ENDODONTICS	15	32	3,170.00	99.06	.005	211.33		.53
RESTORATIVE DENTISTRY	122	354	17,849.80	50.42	.059	146.31		2.97
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	2	3	511.00	170.33	.000	255.50		.08
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00		.01
FRACTURES, DISLOCATIONS	1	2	1,450.00	725.00	.000	1450.00		.24
ORTHODONTIC SERVICES	26	38	3,010.00	79.21	.006	115.77		.50
ALL OTHER SERVICES	4	5	75.00	15.00	.001	18.75		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2003 THRU DEC	2003	PA	GE 18,414
MOP024	FEE-FOR-SERVICE/DENTA	L						01/29/04
				4 4				

							1.1	OIVI	TILL TIVETO	ш	
6,014 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	ΑV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	C		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	72	210	\$	4,691.46	\$	22.34	.035	\$	65.16	\$	.78
DIAGNOSTIC AND ANC. PROCED	54	54		2,491.22		46.13	.009		46.13		.41
EYE APPLIANCES	54	154		2,131.63		13.84	.026		39.47		.35
OTHER OPTOMETRIC SERVICES	2	2		68.61		34.31	.000		34.31		.01
@CHIROPRACTOR	5	7	\$	117.04	\$	16.72	.001	\$	23.41	\$	.02
VISITS	5	7	•	117.04	•	16.72	.001	-	23.41		.02
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	2	3	\$	151.53	\$	50.51	.000	\$	75.77	\$	.03
MEDICINE/INJECTIONS	1	1		6.77		6.77	.000		6.77		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	2		144.76		72.38	.000		144.76		.02
@HOME HEALTH AGENCY	12	20	\$	998.24	\$	49.91	.003	\$	83.19	\$	.17
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	3	3	\$	2,237.60	\$	745.87	.000	\$	745.87	\$	.37
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	20	50	\$	796.52	\$	15.93	.008	\$	39.83	\$	.13
@TOTAL HOSPITAL	426	1,985	\$	405,638.04	\$	204.35	.330	\$	952.20	\$	67.45
HOSP INPATIENT TOTAL	43	237		356,030.88		1502.24	.039		8279.79		59.20
HSC HOSPITALS	10	102		145,407.50		1425.56	.017		14540.75		24.18
NON-HSC HOSPITAL TOTAL	34	135		210,623.38		1560.17	.022		6194.81		35.02
ACCOMMODATIONS	34	135		70,284.70		520.63	.022		2067.20		11.69
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

----- MONTHLY AVERAGE -----

YUBA COUNTY

ALL OTHER ACCOM	34	135	70,284.70	520.63	.022	2067.20	11.69
ANCILLARIES	34	0	140,338.68	.00	.000	4127.61	23.34
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	407	1,748	49,607.16	28.38	.291	121.88	8.25
MEDICAL	145	186	9,056.81	48.69	.031	62.46	1.51
SURGERY	44	48	2,359.51	49.16	.008	53.63	.39
PATHOLOGY	164	611	7,794.64	12.76	.102	47.53	1.30
RADIOLOGY	155	218	10,617.79	48.71	.036	68.50	1.77
ROOM USE	240	324	12,783.49	39.46	.054	53.26	2.13
CROSSOVERS/ALL OTH OUTPTNT	140	361	6,994.92	19.38	.060	49.96	1.16
@COUNTY HOSPITAL TOTAL	1	2	\$ 99.04	\$ 49.52	.000	\$ 99.04	\$ .02
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

	_	_							
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	1	2		99.04	49.52	.000	99.04		.02
MEDICAL	1	1		64.61	64.61	.000	64.61		.01
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	1	1		34.43	34.43	.000	34.43		.01
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	ES MO					Ρź	AGE 18,415
MOP024	FEE-FOR-SERVICE			01 1111111111 10		2000 211110 22	.0 2005		01/29/04
YUBA COUNTY		ICES FOR MIC - NO	3 500	' 03 04 25 45 45 4	4ĸ 4м 5ĸ 7π 82	8E 8W			01/20/01
10211 000111	DOINING OF DERCY	read ron the in		. 03 01 211 13 111	111 111 511 71 02	MON	THLY AVERA	GE ·	
6,014 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
O, OII BEIGIBEE	OBERD	OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	425	1,983	\$	405,539.00	\$ 204.51	.330 \$			67.43
COMM HOSP INPATIENT TOTAL	43	237	٧	356,030.88	1502.24	.039	8279.79	٧	59.20
HSC HOSPITALS	10	102		145,407.50	1425.56	.017	14540.75		24.18
NON-HSC HOSPITALS TOTAL	34	135		210,623.38	1560.17	.022	6194.81		35.02
ACCOMMODATIONS	34	135		70,284.70	520.63	.022	2067.20		11.69
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	34	135		70,284.70	520.63	.022	2067.20		11.69
ALL OTHER ACCOM ANCILLARIES	34	135		140,338.68		.000	4127.61		23.34
	0	0		•	.00 .00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.000			.00
ALL OTHER INPATIENT	406			.00	.00		.00		
COMM HOSP OUTPATIENT TOTAL		1,746		49,508.12	28.36	.290	121.94		8.23
MEDICAL	144	185		8,992.20	48.61	.031	62.45		1.50
SURGERY	44	48		2,359.51	49.16	.008	53.63		.39
PATHOLOGY	164	611		7,794.64	12.76	.102	47.53		1.30
RADIOLOGY	155	218		10,617.79	48.71	.036	68.50		1.77
ROOM USE	239	323		12,749.06	39.47	.054	53.34		2.12
CROSSOVERS/ALL OTH OUTPTNT		361		6,994.92	19.38	.060	49.96		1.16
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$		Ş	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	4.	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000 \$		Ş	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000 \$		\$	.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
HOGDITAL BAGED	Ω	0	•	0.0		000	0.0		0.0

0

0 7

7

0

0

642

642

0

0

184

184

\$

\$

.00

.00

.00

.00

353.45

353.45

10,110.21 10,110.21

.00

.00

.00

.00

50.49

50.49

15.75

15.75

.001 \$

.107 \$

.000

.000

.001

.000

.107

.000

.00

.00

88.36

88.36

.00

54.95

.00

54.95

.00

.00

.06

.06

.00

1.68

1.68

.00

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

@ORGANIZED OUTPATIENT CLINI	C 994	1,481 \$	126,340.35	\$ 85.31	.246 \$	127.10	\$ 21.01
CLINIC	35	100	2,555.81	25.56	.017	73.02	.42
SURGICENTER	3	10	361.21	36.12	.002	120.40	.06
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	960	1,371	123,423.33	90.02	.228	128.57	20.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 18,416
MOP024	FEE-FOR-SERVICE/DEN	NTAL					01/29/04
YUBA COUNTY	SUMMARY OF SERVICES	FOR MIC - NO	SOC 03 04 2A 45 4A	4K 4M 5K 7T 8	2 8E 8W		

----- MONTHLY AVERAGE -----6.014 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER OR DAYS OF C...... \$ 4,890 \$ 227 14 28,213.83 \$ 5.77 .813 \$ 124.29 \$ 4.69 4,251.73 193.26 .004 303.70 .71 @ALL OTHER PROVIDERS DURABLE MED. EQUIP. 2.2 0 0 BLOOD BANK 0 0 HEARING AID DISPENSERS 466 36 36 MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS 463 0 Ω OTHER TRANS OTHER SERVICES 3 0 ACUPUNCTURE 0 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING 11 11 0 0 IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 OCCUPATIONAL THERAPIST 132 61 OPTICIAN PHYSICAL THERAPIST 1 8 PORTABLE X-RAY Ω PROSTHETIST/ORTHOTISTS 10 PROSTHETICS 4 ORTHOTICS 1 6 PSYCHOLOGIST 0 Ω 53 SPEECH AND AUDIOLOGY 26 HOSPICE SERVICES 0 NONINST BIRTHING CENTERS 0 0 4,448.25 68 800 LOCAL EDUCATION AGENCIES 0 0 EPSDT SUPPLEMENTAL SERVICE 

 EPSDT SUPPLEMENTAL SERVICE
 0
 0

 RESPIRATORY CARE PRACT.
 0
 0

 PED SUBACUTE REHAB/WEANING
 0
 0

 ALL OTHER PROVIDERS
 12
 3,388

 @CALIF. CHILDREN SERVICES\*
 37
 2,535
 \$

 @XOVER EXCLUDING STATE HOSP\*\*
 0
 0
 \$

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,417 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 AID CODE 83 YUBA COUNTY SUMMARY OF SERVICES FOR MIC - SOC

			MONTHLY AVERAGE						
31 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE	}		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	66	305	\$	28,665.11	\$ 93.98	9.839	434.32	\$ 924.68	
@PHYSICIANS SERVICES	29	61	\$	2,459.98	\$ 40.33	1.968	84.83	\$ 79.35	
OUTPATIENT VISITS	9	10		459.22	45.92	.323	51.02	14.81	
OFFICE VISITS	4	5		102.00	20.40	.161	25.50	3.29	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	1	1		44.60	44.60	.032	44.60	1.44	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	4	4		312.62	78.16	.129	78.16	10.08	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00	
INPATIENT VISITS	6	13		1,085.72	83.52	.419	180.95	35.02	

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

CRITICAL CARE	1	2		406.64		203.32	.065	406.64		13.12
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
	0	0								
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00		.00
EXAMINATIONS	U	U		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	3	3CR		350.94CF	3.	116.98	.097CR	116.98C	R	11.32CR
PRINCIPAL SURGEON	2	2		60.46		30.23	.065	30.23		1.95
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	3	5CR		411.40CF	3.	82.28	.161CR	137.13C	R	13.27CR
OUTPATIENT SURGERY	4	16		542.86		33.93	.516	135.72		17.51
PRINCIPAL SURGEON	3	3		297.40		99.13	.097	99.13		9.59
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	ĺ	13		245.46		18.88	.419	245.46		7.92
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	12	22		615.08		27.96	.710	51.26		19.84
	0	0								
PSYCHIATRY	0			.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	U	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	2	3	_	108.04		36.01	.097	54.02		3.49
@PHARMACY	7		\$	448.86	\$	32.06	.452 \$		Ş	14.48
PRESCRIPTION DRUGS	7	14		448.86		32.06	.452	64.12		14.48
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	7	14		448.86		32.06	.452	64.12		14.48
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	6	18	\$	440.00	\$	24.44	.581 \$	73.33	\$	14.19
VISITS - DIAGNOSTIC	4	12		160.00		13.33	.387	40.00		5.16
ORAL SURGERY	2	3		180.00		60.00	.097	90.00		5.81
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	1	1		100.00		100.00	.032	100.00		3.23
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	Õ		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0								
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	2	2		.00		.00	.065	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE:	S M	IONTH-OF-PAYMENT RE	EPORT	r for Jan 2	2003 THRU DE	C 2003	P	AGE 18,418
MOP024	FEE-FOR-SERVICE	E/DENTAL								01/29/04
YUBA COUNTY	SUMMARY OF SERV	JICES FOR MIC - SO	C			AID CODE	83			
							MON	THLY AVERAG	GΕ	
31 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0		\$	.00	\$	.00	.000 \$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	Ō	0	т	.00	т.	.00	.000	.00	т.	.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0		\$	.00	\$	.00	.000 \$		\$	.00
VISITS	0	0	Ą	.00	Ą	.00	.000	.00	Ą	.00
	0									
OTHER SERVICES		0	۲.	.00	٠,	.00	.000	.00	۲,	.00
@PODIATRIST	0		\$	.00	\$	.00	.000 \$		\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0		\$	.00	\$	.00	.000 \$		\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000 \$	.00	\$	.00

11 679.08 61.73 .355 113.18

21.91

HOSPITAL VISITS

6

NURSE MIDWIFE	0	0 \$	.00	\$ .0	0 .000	\$ .00	\$ .00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .0	0 .000	\$ .00	\$ .00	
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .0		\$ .00	\$ .00	
@TOTAL HOSPITAL	26	146 \$	22,393.85	\$ 153.3	8 4.710	\$ 861.30		
HOSP INPATIENT TOTAL	4	9	19,254.83	2139.4		4813.71	621.12	
HSC HOSPITALS	1	2	3,339.00	1113.0		3339.00	107.71	
NOW HAS HOSPITAL TOTAL	1	3						
NON-HSC HOSPITAL TOTAL	3	6	15,915.83	2652.6		5305.28	513.41	
ACCOMMODATIONS	3	6	2,197.40	366.2		732.47	70.88	
ADMINISTRATIVE DAYS	0	0	.00	.0		.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.0		.00	.00	
ALL OTHER ACCOM	3	6 6 0 0 6 0	2,197.40	366.2	3 .194	732.47	70.88	
ANCILLARIES	0 26 4 1 3 3 0 0 0 3 3 0 0 22 10	0	13,718.43	.0	0 .000	4572.81	442.53	
INPATIENT CROSSOVERS	0	0	.00	.0	0 .000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.0	0 .000	.00	.00	
HOSP OUTPATIENT TOTAL	22	137	3,139.02	22.9		142.68	101.26	
MEDICAL	10	11	424.58	38.6		42.46	13.70	
SURGERY	5	5	72.70	14.5		14.54	2.35	
PATHOLOGY	10	51	413.18	8.1		41.32	13.33	
RADIOLOGY	12	17	581.23	34.1		48.44	18.75	
	17	24	739.72	30.8		43.51	23.86	
ROOM USE								
CROSSOVERS/ALL OTH OUTPTNT		29	907.61	31.3		75.63	29.28	
@COUNTY HOSPITAL TOTAL	0	0 \$				\$ .00	•	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.0		.00	.00	
HSC HOSPITALS	0	0	.00	.0		.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.0	0 .000	.00	.00	
ACCOMMODATIONS	0	0	.00	.0	0 .000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.0	0 .000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.0	0 .000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.0	0 .000	.00	.00	
ANCILLARIES	0	0	.00	.0		.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.0		.00	.00	
ALL OTHER INPATIENT	0	0	.00	.0		.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.0		.00	.00	
MEDICAL	0	0	.00	.0		.00	.00	
	0	0						
SURGERY	0	0	.00	.0		.00	.00	
PATHOLOGY	U	0	.00	.0		.00	.00	
RADIOLOGY	0	0	.00	.0		.00	.00	
ROOM USE	0	0	.00	.0		.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.0		.00	.00	
			MONTH-OF-PAYMENT F	REPORT FOR J	AN 2003 THRU I	DEC 2003		
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/29/0	4
YUBA COUNTY	SUMMARY OF SERVICE	S FOR MIC - SOC		AID C	ODE 83			
					MC	ONTHLY AVERA	GE	
31 ELIGIBLES	USERS UN	IITS OF SERVICE	EXPENDITURES	AVERAGE C	OST UNITS/DAYS	S COST PER	COST PER	
		R DAYS OF CARE		PER UNIT/	DAY PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	26	146 \$	22,393.85	\$ 153.3	8 4.710	\$ 861.30	\$ 722.38	
COMM HOSP INPATIENT TOTAL	4	9	19,254.83	2139.4		4813.71	621.12	
HSC HOSPITALS	1	3	3,339.00	1113.0		3339.00	107.71	
NON-HSC HOSPITALS TOTAL	3	6	15,915.83	2652.6		5305.28	513.41	
ACCOMMODATIONS	3	6	2,197.40	366.2		732.47	70.88	
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.0		.00	.00	
	0	0	.00	.0		.00	.00	
TRANSITIONAL IP CARE	3	-						
ALL OTHER ACCOM	•	6	2,197.40	366.2		732.47	70.88	
ANCILLARIES	3	0	13,718.43	.0		4572.81	442.53	
INPATIENT CROSSOVERS	0	0	.00	.0		.00	.00	
ALL OTHER INPATIENT	0	0	.00	.0		.00	.00	
COMM HOSP OUTPATIENT TOTAL	22	137	3,139.02	22.9		142.68	101.26	
MEDICAL	10	11	424.58	38.6		42.46	13.70	
SURGERY	5	5	72.70	14.5	4 .161	14.54	2.35	
PATHOLOGY	10	51	413.18	8.1		41.32	13.33	

RADIOLOGY	12	17	581.23	34.19	.548	48.44	18.75
ROOM USE	17	24	739.72	30.82	.774	43.51	23.86
CROSSOVERS/ALL OTH OUTPINT	12	29	907.61	31.30	.935	75.63	29.28
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$	.00	.000 \$	.00	\$	.00
HOSPITAL BASED	0	0	.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$	\$ .00	\$	.00	.000 \$	.00	\$	.00
HOSPITAL BASED	0	0	.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	5	9 \$			35.25	.290 \$	63.45	\$	10.23
PATHOLOGY	5	9	317.23	•	35.25	.290	63.45		10.23
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	11	21 \$	1,995.73		95.03	.677 \$	181.43	\$	64.38
CLINIC	1	2	69.41		34.71	.065	69.41	т.	2.24
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	11	19	1,926.32		101.39	.613	175.12		62.14
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT					PA	GE 18,420
MOP024	FEE-FOR-SERVICE			ICDI OICI	1010 01110 2	ioos iimto ble	2005		01/29/04
YUBA COUNTY		ICES FOR MIC - SOC	7		AID CODE	83			01/25/01
10571 C001111	BOIMMET OF BLICV.	Telb for Mie Boo	_		TIED CODE	MONT	HLY AVERA	GE -	
31 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	8	36	609.46	\$	16.93	1.161 \$	76.18	\$	19.66
DURABLE MED. EQUIP.	0	0	.00	•	.00	.000	.00		.00
BLOOD BANK	0	0	.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	7	34	601.14		17.68	1.097	85.88		19.39
AMBULANCES/AIR TRANS	7	34	601.14		17.68	1.097	85.88		19.39
OTHER TRANS	0	0	.00		.00	.000	.00		.00
OTHER SERVICES	0	0	.00		.00	.000	.00		.00
ACUPUNCTURE	0	0	.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00		.00
OPTICIAN	1	2	8.32		4.16	.065	8.32		.27
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000	.00		.00
PROSTHETICS	0	0	.00		.00	.000	.00		.00
ORTHOTICS	0	0	.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0	.00		.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	1				85.62CR	.935CR\$	2482.92	\$	80.09
@XOVER EXCLUDING STATE HOSP**	0	29CR \$	.00		.00	.000 \$	.00		.00
@* TOTALS IN THESE LINES ARE		7	•	Ą	.00	۶ ، ۵۵۵	.00	Ų	.00
THE AMOUNTS ARE ALREADY IN									
** THESE DATA ARE INCLUDED I									
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT	חברותם	EOD TAN S	טטט המסנו טביכ	2003	DΛ	GE 18,421
MOP024	FEE-FOR-SERVICE		S MONTH OF FAIRENT	TUE OILI	ION UAIN 2	TOOD TIME DEC	2003	rΑ	01/29/04
YUBA COUNTY			Y INDIGENT - CHILDR	EN - TO	ητατ.				01/29/04
TODA COUNTI	POLITICAL OF PERV.	ICED FOR MEDICALL	I INDIGENT - CHILDR		, I A L	MONT	HI.V AMEDA	3E -	
6,045 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ΔVEF	PAGE COST	UNITS/DAYS			OST PER
0,010 111011110	ODLIND	OR DAYS OF CARE	LIII LIVET TOKED			PER ELIG	USER		LIGIBLE
		110 D111D OI OIME			/		00010	٠.	

@TOTAL, ALL PROVIDERS	3,001	18,478 \$		878,175.18	\$	47.53	3.057	Ś	292.63	\$	145.27
@PHYSICIANS SERVICES	670	1,484 \$			\$	46.89	.245		103.87	\$	11.51
OUTPATIENT VISITS	404	473		18,813.28	т.	39.77	.078	т.	46.57	т.	3.11
OFFICE VISITS	333	377		13,272.12		35.20	.062		39.86		2.20
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	45	51		2,382.94		46.72	.008		52.95		.39
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	25	31		2,703.65		87.21	.005		108.15		.45
OTHER OUTPATIENT	9	14		454.57		32.47	.002		50.51		.08
INPATIENT VISITS	39	203		14,500.84		71.43	.034		371.82		2.40
HOSPITAL VISITS	37	126		5,586.93		44.34	.021		151.00		.92
CRITICAL CARE	7	77		8,913.91		115.77	.013		1273.42		1.47
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	21	23		1,019.77		44.34	.004		48.56		.17
EXAMINATIONS	20	22		994.77		45.22	.004		49.74		.16
SERVICES AND MATERIALS	1	1		25.00		25.00	.000		25.00		.00
INPATIENT HOSPITAL SURGERY	29	128		15,859.28		123.90	.021		546.87		2.62
PRINCIPAL SURGEON	22	26		13,230.56		508.87	.004		601.39		2.19
ASSISTANT SURGEON	2	2		190.10		95.05	.000		95.05		.03
ANESTHESIOLOGIST	16	100		2,438.62		24.39	.017		152.41		.40
OUTPATIENT SURGERY	46	112		6,042.69		53.95	.019		131.36		1.00
PRINCIPAL SURGEON	36	46		4,295.95		93.39	.008		119.33		.71
ASSISTANT SURGEON ANESTHESIOLOGIST	2 12	2 64		129.56		64.78 25.27	.000 .011		64.78 134.77		.02 .27
	0	0		1,617.18 .00		.00	.000		.00		.00
DIALYSIS PATHOLOGY	38	57		343.74		6.03	.000		9.05		.06
RADIOLOGY	194	318		8,250.07		25.94	.053		42.53		1.36
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	8	15		404.77		26.98	.002		50.60		.07
OTHER SERVICES/ALL X-OVERS	66	155		4,355.78		28.10	.026		66.00		.72
@PHARMACY	1,409	5,835 \$		153,453.68	\$	26.30	.965	Ś	108.91	Ś	25.39
PRESCRIPTION DRUGS	1,406	2,974		144,790.42	٧	48.69	.492	٧	102.98	٧	23.95
SNF/ICF	0	2,7,1		.00		.00	.000		.00		.00
OUTPATIENTS	1,406	2,974		144,790.42		48.69	.492		102.98		23.95
MEDICAL SUPPLIES	36	2,861		8,663.26		3.03	.473		240.65		1.43
@DENTIST	352	1,649 \$		50,166.74	\$	30.42	.273	\$	142.52	\$	8.30
VISITS - DIAGNOSTIC	264	1,123		17,961.94		15.99	.186		68.04		2.97
ORAL SURGERY	36	70		5,194.00		74.20	.012		144.28		.86
DRUGS	9	13		285.00		21.92	.002		31.67		.05
ANESTHESIA	4	4		355.00		88.75	.001		88.75		.06
PERIODONTICS	2	2		255.00		127.50	.000		127.50		.04
ENDODONTICS	15	32		3,170.00		99.06	.005		211.33		.52
RESTORATIVE DENTISTRY	122	354		17,849.80		50.42	.059		146.31		2.95
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	2	3		511.00		170.33	.000		255.50		.08
MAXILLOFACIAL SERVICES	1	1		50.00		50.00	.000		50.00		.01
FRACTURES, DISLOCATIONS	1	2		1,450.00		725.00	.000		1450.00		. 24
ORTHODONTIC SERVICES	28	40		3,010.00		75.25	.007		107.50		.50
ALL OTHER SERVICES		5 CES AND EXPENDITURES									.01 AGE 18,422
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE		MON	IH-OF-PAIMENI KE	LPOR	I FOR JAN Z	UUS IRU	DEC	2003	P	01/29/04
YUBA COUNTY		VICES FOR MEDICALLY	TMDI	וכבאיי _ כטוו הסביג	л_	ጥ∩ጥ⊼ ፣					01/29/04
IOBA COUNTI	SUMMART OF SERV	TCES FOR MEDICALLI	רעווד	IGENI - CHILDREN	<b>u</b> –		M	∩лт	HIV VILL	CF.	
6,045 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ17	ERAGE COST					COST PER
0,015 EEIGIDEES	OBERB	OR DAYS OF CARE		DAI DIDITORDO		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	72	210 \$		4,691.46	\$	22.34	.035		65.16		.78
DIAGNOSTIC AND ANC. PROCED	54	54		2,491.22	~	46.13	.009	~	46.13	~	.41
EYE APPLIANCES	54	154		2,131.63		13.84	.025		39.47		.35
OTHER OPTOMETRIC SERVICES	2	2		68.61		34.31	.000		34.31		.01
	=	_									

@CHIROPRACTOR	5	7 \$	117.04	\$ 16.72	.001	\$ 23.41	\$ .02
VISITS	5	7	117.04	16.72	.001	23.41	.02
OTHER SERVICES	0	0	.00		.000	.00	.00
@PODIATRIST	2	3 \$	151.53		.000		
MEDICINE/INJECTIONS	1	5 P	6.77		.000	6.77	.00
	Τ.	Ι					
SURGERY/ANES.	0	0	.00		.000	.00	.00
RADIO./PATHOLOGY	0	0	.00		.000	.00	.00
OTHER	1	2	144.76	72.38	.000	144.76	.02
@HOME HEALTH AGENCY	12	20 \$	998.24	\$ 49.91	.003	\$ 83.19	\$ .17
NURSE ANESTHESIST	0	0 \$	.00		.000		\$ .00
NURSE MIDWIFE	3	3 \$	2,237.60			\$ 745.87	
PEDIATRIC NURSE PRACTITIONER		0 \$	.00		.000		
FEDIAIRIC NORSE FRACTITIONER	20	50 \$	796.52				
FAMILY NURSE PRACTITIONER	<b>∠</b> U		/90.54	\$ 15.93	.008	\$ 39.83	\$ .13
@TOTAL HOSPITAL	452	2,131 \$	428,031.89		.353		•
HOSP INPATIENT TOTAL	4.7	246	375,285.71		.041	7984.80	62.08
HSC HOSPITALS	11	105	148,746.50		.017	13522.41	24.61
NON-HSC HOSPITAL TOTAL	20 452 47 11 37	141	226,539.21 72,482.10	1606.66	.023	6122.68	37.48
ACCOMMODATIONS	37	141	72,482.10	514.06	.023	1958.98	11.99
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	37	141			.023	1958.98	11.99
ANCILLARIES	27	0	72,482.10 154,057.11	.00	.000	4163.71	25.49
ANCILLARIES	3 /	0					
INPATIENT CROSSOVERS	U	_	.00		.000	.00	.00
ALL OTHER INPATIENT	37 0 0 37 37 0 0 429 155	0	.00		.000	.00	.00
HOSP OUTPATIENT TOTAL	429	1,885	52,746.18	27.98	.312	122.95	8.73
		197	9,481.39		.033	61.17	1.57
SURGERY	49	53	2,432.21		.009	49.64	.40
PATHOLOGY	174	662	8,207.82	12.40	.110	47.17	1.36
RADIOLOGY	167	235	11,199.02	47.66	.039	67.06	1.85
ROOM USE	257	348	13,523.21	38.86	.058	52.62	2.24
CROSSOVERS/ALL OTH OUTPINT	152	390	7,902.53	20.26	.065	51.99	1.31
@COUNTY HOSPITAL TOTAL	1	2 \$	99.04		.000		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	•	.000	.00	.00
HSC HOSPITALS	0	0	.00		.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.000	.00	.00
ACCOMMODATIONS	0	0	.00		.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	U	U	.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.000	.00	.00
ANCILLARIES	0	0	.00		.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	99.04	49.52	.000	99.04	.02
MEDICAL	1	1	64.61	64.61	.000	64.61	.01
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00		.000	.00	.00
RADIOLOGY	0	0	.00		.000	.00	.00
ROOM USE	1	1	34.43		.000	34.43	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.000	.00	.00
#CALIF DEPT OF HEALTH SERV							
			MONTH-OF-PAIMENT	REPORT FOR JAI	1 2003 IRRO D	EC 2003	
MOP024	FEE-FOR-SERVICE		TAID TORDING CULT DD	DM MOMAT			01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	INDIGENT - CHILDR	EN - TOTAL	***		G.D.
6 045 51 56151 56	Hanna			31100300 000			AGE
6,045 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS			
		OR DAYS OF CARE			AY PER ELIG		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	451	2,129 \$	427,932.85	\$ 201.00	.352	\$ 948.85	
COMM HOSP INPATIENT TOTAL	47	246	375,285.71	1525.55	.041	7984.80	
HSC HOSPITALS	11	105	148,746.50		.017	13522.41	24.61
NON-HSC HOSPITALS TOTAL	2.5	1 4 1	006 500 01	1000 00	000	(122 (0	27 40
	37	141	226,539.21	1606.66	.023	6122.68	37.48
ACCOMMODATIONS	37 37	141 141	72,482.10	514.06	.023	1958.98	11.99

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	37	141		72,482.10		514.06	.023		1958.98		11.99
ANCILLARIES	37	0		154,057.11		.00	.000		4163.71		25.49
	0	0		•		.00	.000		.00		.00
INPATIENT CROSSOVERS	-			.00							
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	428	1,883		52,647.14		27.96	.311		123.01		8.71
MEDICAL	154	196		9,416.78		48.04	.032		61.15		1.56
SURGERY	49	53		2,432.21		45.89	.009		49.64		.40
PATHOLOGY	174	662		8,207.82		12.40	.110		47.17		1.36
RADIOLOGY	167	235		11,199.02		47.66	.039		67.06		1.85
ROOM USE	256	347		13,488.78		38.87	.057		52.69		2.23
CROSSOVERS/ALL OTH OUTPTNT		390		7,902.53		20.26	.065		51.99		1.31
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	٧	.00	٧	.00	.000	~	.00	٧	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
	0	0	بے		\$			بي		۲.	
@NURSING FACILITY	0		\$		Þ	.00	.000	Ş	.00	Þ	.00
LEV A-INTERMEDIATE	Ü	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	Ô	0	т	.00	- T	.00	.000	-	.00	т	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
	0	0	4		4			۲,		4	.00
@HEMODIALYSIS TOTAL	0		\$		\$	.00	.000	Þ	.00	Þ	
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0 7		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	4	7	\$	353.45	\$	50.49	.001	\$	88.36	\$	.06
HOSPITAL BASED	4	7		353.45		50.49	.001		88.36		.06
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	189	651	\$	10,427.44	\$	16.02	.108	\$	55.17	\$	1.72
PATHOLOGY	189	651		10,427.44		16.02	.108		55.17		1.72
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,005	1,502	\$		\$	85.44	.248	Ś		Ś	21.23
CLINIC	36	102	٧	2,625.22	٧	25.74	.017	٧	72.92	Y	.43
SURGICENTER	3	10		361.21		36.12	.002		120.40		.06
	0	0		.00		.00	.002		.00		.00
HEROIN DETOX CLINIC	971										
RURAL HEALTH CLINIC		1,390		125,349.65		90.18	.230	DEG	129.09	_	20.74
#CALIF DEPT OF HEALTH SERV			ĽS	MONTH-OF-PAYMENT RE	TPOR'	I FOR JAN	2003 THRU	DEC	2003	F	AGE 18,424
MOP024	FEE-FOR-SERVICE	'									01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR MEDICALI	LΥ	INDIGENT - CHILDREN	1 – ,	TOTAL					
									HLY AVERA		
6,045 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY	PER ELIC	1	USER		ELIGIBLE
@ALL OTHER PROVIDERS	235	4,926	\$	28,823.29	\$	5.85	.815	\$	122.65	\$	4.77
DURABLE MED. EQUIP.	14	22		4,251.73		193.26	.004				.70
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	43	500		12,924.50		25.85	.083		300.57		2.14
AMBULANCES/AIR TRANS	43	497		7,524.50		15.14	.082		174.99		1.24
	0	0					.000				
OTHER TRANS	U			.00		.00			.00		.00
OTHER SERVICES	3	3		5,400.00		1800.00	.000		1800.00		.89
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	11	11		1,155.00		105.00	.002		105.00		.19
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00

OPTICIAN	62	134	1,193.15	8.90	.022	19.24	.20
PHYSICAL THERAPIST	1	8	136.03	17.00	.001	136.03	.02
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	10	920.36	92.04	.002	230.09	.15
PROSTHETICS	3	4	263.11	65.78	.001	87.70	.04
ORTHOTICS	1	6	657.25	109.54	.001	657.25	.11
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	26	53	2,374.64	44.80	.009	91.33	.39
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	68	800	4,448.25	5.56	.132	65.42	.74
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	3,388	1,419.63	.42	.560	118.30	.23
@CALIF. CHILDREN SERVICES*	38	2,506	\$ 181,972.71	\$ 72.61	.415	\$ 4788.76	\$ 30.10

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 \$ .00 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,425 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

YUBA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

YUBA COUNTY	SUMMARY OF SERV	ICES FOR	MIA - NO	) SOC	- AID PAID PENDI	ING AID CODE			~-
							MON'		
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS	OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$	.00	\$ .00	.000 \$	.00	\$ .00
@PHYSICIANS SERVICES	0		0	\$	.00	\$ .00	.000 \$	.00	\$ .00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	Ů.		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
	0		0						
SNF/ICF/TRANS IP CARE	0		-		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	U		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		Ö		.00	.00	.000	.00	.00
@PHARMACY	0		Ö	\$	.00	\$ .00	.000 \$	.00	\$ .00
PRESCRIPTION DRUGS	0		0	٧	.00	.00	.000	.00	.00
SNF/ICF	0		0		.00	.00	.000	.00	.00
OUTPATIENTS	0		0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00	.00
@DENTIST	0		0	\$	.00	\$ .00	.000 \$	.00	\$ .00
-	0		0	Ş		•			•
VISITS - DIAGNOSTIC	0		-		.00	.00	.000	.00	.00
ORAL SURGERY	0		0		.00	.00	.000	.00	.00
DRUGS	U		0		.00	.00	.000	.00	.00
ANESTHESIA	0		0		.00	.00	.000	.00	.00
PERIODONTICS	0		0		.00	.00	.000	.00	.00
ENDODONTICS	0		0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00	.00
PROSTHETICS	0		0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0		0		.00	.00	.000	.00	.00

PAGE 18,426

01/29/04

FEE-FOR-SERVICE/DENTAL

YUBA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

YUBA COUNTY	SUMMARY OF SERV.	ICES FOR MIA - NO SOC -	AID PAID PENDING	F AID CODE			_
					MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE		AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE	I	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00 \$	\$ .00	.000 \$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00		.000 \$		\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	Ô	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00		.000 \$		\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0					
RADIO./PATHOLOGY	0	_	.00	.00	.000	.00	.00
OTHER	Ü	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00 \$		.000 \$		\$ .00
NURSE ANESTHESIST	0	0 \$	.00 \$		.000 \$		\$ .00
NURSE MIDWIFE	0	0 \$	.00 \$		.000 \$		\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00 \$		.000 \$		\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00 \$	\$ .00	.000 \$		\$ .00
@TOTAL HOSPITAL	0	0 \$	.00 \$	\$ .00	.000 \$	.00	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.000		
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	Ü	U	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	\$ .00	.000 \$		\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0					.00
	0	0	.00	.00	.000	.00	
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	U	Ü	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MONT	H-OF-PAYMENT REPO	JRT FOR JAN 2	ZUU3 THRU DEC	2003	PAGE 18,427

MOP024 YUBA COUNTY FEE-FOR-SERVICE/DENTAL 01/29/04

YUBA COUNTY	SUMMARY OF SERV	ICES FOR	MIA - NO	SOC -	- AID PAID	PENDIN	IG	AID CODE	81				
									Mo	TNC	HLY AVERAG	GE -	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITU	RES	AVE	RAGE COST	UNITS/DAY:	S	COST PER	(	COST PER
		OR DAYS	OF CARE				PER	UNIT/DAY	PER ELIG		USER	F	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
COMM HOSP INPATIENT TOTAL	0		0	•		.00	•	.00	.000	•	.00	'	.00
HSC HOSPITALS	0		Ô			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0			.00					.00		
	0		0					.00	.000				.00
ADMINISTRATIVE DAYS	U		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	Ü		0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00	.000		.00		.00
ANCILLARIES	0		0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0			.00		.00	.000		.00		.00
MEDICAL	0		0			.00		.00	.000		.00		.00
SURGERY	0		0			.00		.00	.000		.00		.00
PATHOLOGY	0		Ô			.00		.00	.000		.00		.00
RADIOLOGY	Ů.		Ô			.00		.00	.000		.00		.00
ROOM USE	0		0			.00		.00	.000		.00		.00
	0		0										
CROSSOVERS/ALL OTH OUTPTNT	0		0	d		.00	<u>ب</u>	.00	.000	4	.00	۲,	.00
@STATE HOSPITAL	U		0	\$			\$	.00	.000	Þ	.00	Ş	.00
MENTALLY ILL	U		0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	Ü		0			.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$			\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0		0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
LEV B-REGULAR	0		0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$			Ġ	.00	.000	Ś	.00	Ġ	.00
ICF DDH	0		0	т		.00	т	.00	.000	т	.00	т	.00
ICF DD	0		0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$			\$	.00	.000	4		\$	.00
	0		0	Ş		.00	Ą		.000	Ą		Ą	
HOSPITAL BASED	0		0					.00			.00		.00
HEMODIALYSIS CENTER	U		0			.00	4	.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$			\$	.00	.000	Ş	.00	\$	.00
HOSPITAL BASED	0		0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0		0			.00		.00	.000		.00		.00
XO AND OTHERS	0		0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0		0			.00		.00	.000		.00		.00
SURGICENTER	0		0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		Ô			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	בכ אאור באו	ט ז סוזידיד רוואים כ	C MONT	יט_Оד_DזVME		ОРТ			רשכ		D?	AGE 18,428
MOP024			ENDITORI	D MOINI	III-OF-PAIME	1111 1/15	OKI	FOR UAN 2	.003 11110 1	ی بیار	2003	FF	01/29/04
	FEE-FOR-SERVICE		N/T 7 NT/	0.00	7 TD D7 TD	DEMETA	ī	ATD CODE	0.1				01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICED FOR	MITH - NO	) SUC -	- AID PAID	LENDTN	JU	AID CODE		ייידער	י בי בונו אי אוווי	O E	
00 81 16151 56			annii a-			DEC	A T T	2200			HLY AVERAG		
00 ELIGIBLES	USERS	UNITS OF			EXPENDITU				UNITS/DAY:	S			COST PER
	_	OR DAYS		4.					PER ELIG	4.	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$			\$	.00	.000	\$	.00	\$	.00
DURABLE MED. EQUIP.	0		0			.00		.00	.000		.00		.00
BLOOD BANK	0		0			.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,429
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86	

SUMMARI OF SER	VICES FOR MIM - N	10 BUC -	. PKEGNANI	AID CODE	00		
					MC	ONTHLY AVERA	GE
USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER	COST PER
	OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
119	764	\$	72,308.75	\$ 94.64	8.396	\$ 607.64	\$ 794.60
47	88	\$	8,296.68	\$ 94.28	.967	\$ 176.53	\$ 91.17
15	15		1,329.21	88.61	.165	88.61	14.61
7	7		474.10	67.73	.077	67.73	5.21
0	0		.00	.00	.000	.00	.00
1	1		68.35	68.35	.011	68.35	.75
0	0		.00	.00	.000	.00	.00
7	7		786.76	112.39	.077	112.39	8.65
0	0		.00	.00	.000	.00	.00
6	14		546.84	39.06	.154	91.14	6.01
6	14		546.84	39.06	.154	91.14	6.01
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
8	15		3,908.46	260.56	.165	488.56	42.95
5	6		3,551.40	591.90	.066	710.28	39.03
0	0		.00	.00	.000	.00	.00
3	9		357.06	39.67	.099	119.02	3.92
6	9		1,271.78	141.31	.099	211.96	13.98
6	9		1,271.78	141.31	.099	211.96	13.98
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
	USERS 119 47	USERS UNITS OF SERVICE OR DAYS OF CARE 119 764 47 88 15 15 7 7 0 0 0 1 1 1 0 0 0 7 7 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE  119 764 \$ 47 88 \$ 15 15 7 7 0 0 0 1 1 1 0 0 7 7 0 0 0 6 14	OR DAYS OF CARE  119	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES         AVERAGE COST PER UNIT/DAY           119         764 \$ 72,308.75 \$ 94.64         \$ 94.28           47         88 \$ 8,296.68 \$ 94.28           15         15 15 1,329.21 88.61           7         7 474.10 67.73           0         0 .00 .00           1         1 68.35 68.35           0         0 .00 .00           7         7 7 786.76 112.39           0         0 .00 .00           6         14 546.84 39.06           0         0 .00 .00           0         0 .00 .00           0         0 .00 .00           0         0 .00 .00           0         0 .00 .00           0         0 .00 .00           0         0 .00 .00           0         0 .00 .00           0         0 .00 .00           0         0 .00 .00           0         0 .00 .00           0         0 .00 .00           0         0 .00 .00           0         0 .00 .00           0         0 .00 .00           0         0 .00 .00           0         3,551.40 .591.90           0	USERS UNITS OF SERVICE OR DAYS OF CARE  119 764 \$ 72,308.75 \$ 94.64 8.396 47 88 \$ 8,296.68 \$ 94.28 .967 15 15 15 1,329.21 88.61 .165 7 7 7 474.10 67.73 .077 0 0 0 0 .00 .00 .00 .00 1 1 1 68.35 68.35 .011 0 0 0 .00 .00 .00 .00 7 7 7 7 786.76 112.39 .077 0 0 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .0	USERS UNITS OF SERVICE OR DAYS OF CARE  119

DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	6	270.56	45.09	.066	90.19	2.97
RADIOLOGY	22	23	869.14	37.79	.253	39.51	9.55
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	57.76	57.76	.011	57.76	.63
OTHER SERVICES/ALL X-OVERS	5	5	42.93	8.59	.055	8.59	.47
@PHARMACY	41	87	\$ 2,287.32	\$ 26.29	.956	\$ 55.79	\$ 25.14
PRESCRIPTION DRUGS	41	86	2,274.01	26.44	.945	55.46	24.99
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	41	86	2,274.01	26.44	.945	55.46	24.99
MEDICAL SUPPLIES	1	1	13.31	13.31	.011	13.31	.15
@DENTIST	1	3	\$ 11.00	\$ 3.67	.033	\$ 11.00	\$ .12
VISITS - DIAGNOSTIC	1	3	11.00	3.67	.033	11.00	.12
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	NTH-OF-PAYMENT REPORT	FOR JAN 20	03 THRU DEC	2003	PAGE 18,430
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
YUBA COUNTY	SUMMARY OF SERVICES F	OR MIA - NO SOC	- PREGNANT	AID CODE 8	6		
				_	MONTH	ILY AVERAC	E

YUBA COUNTY	SUMMARY OF SERVICE	ES FOR	MTA - NO	) SOC -	PREGNANT		AID CODE	86				01/25/01
IODII COONII	Born and Of Blickic	LD TOK	11111 100	5 500	TREGIVENT		MID CODE	MO	דעכ	HLY AVERA	GE.	
91 ELIGIBLES	USERS U	NITS OF	SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	3	COST PER	-	COST PER
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	02212		OF CARE			PEI	R UNIT/DAY	PER ELIG	_	USER		ELIGIBLE
@OPTOMETRIST	1		1	\$	47.45	\$				47.45		
DIAGNOSTIC AND ANC. PROCED	_ 1		1	7	47.45	-T	47.45	.011			т	.52
EYE APPLIANCES	0		Ō		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0				.00		.00	.000		.00		.00
@CHIROPRACTOR	1		0 1	\$		Ś	16.72	.011			Ś	.18
VISITS	1		1	7	16.72	τ	16.72	.011		16.72	τ.	.18
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$		\$		.000	Ś		Ś	.00
MEDICINE/INTECTIONS	0		Ō	7	.00	-T	.00	.000	т.	.00	т	.00
SURGERY/ANES.	0		Ö		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		Ö		.00		.00	.000		.00		.00
OTHER	0		Ö		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		Ō	\$	.00	Ś	.00	.000	Ś	.00		.00
NURSE ANESTHESIST	0		Ö	\$	. 0.0	Ś	.00	.000		.00		.00
NURSE MIDWIFE	12		130	S	2,594.61	Ė	19.96	1.429		216.22		28.51
PEDIATRIC NURSE PRACTITIONER			0	\$	.00	Š	.00	.000	Š	.00	Š	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	Š	.00	.000	Š	.00	Š	.00
@TOTAL HOSPITAL	57		298	\$	51 899 86	\$	174 16			910.52		570.33
HOSP INPATIENT TOTAL	11		38	7	45,230.80	-	1190.28	.418	т.	4111.89	т.	497.04
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES  @PODIATRIST  MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	11		38		45,230.80 13,305.24 .00 .00 13,305.24 31,925.56 .00 .00 6,669.06		1190.28 .00 1190.28 350.14	.418		4111.89		497.04
ACCOMMODATIONS	11		38		13,305.24		350.14	.418		1209.57		146.21
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	11		38		13,305.24		350.14	.418		1209.57		146.21
ANCILLARIES	11		0		31,925.56		.00	.000		2902.32		350.83
INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	54		260		6,669.06		25.65	2.857		123.50 67.78		73.29
MEDICAL	6		10		406.68		40.67	.110		67.78		4.47
SURGERY	2		2		38.12		19.06	.022		19.06		.42
PATHOLOGY	32		110		1,574.05		14.31	1.209		49.19		17.30
RADIOLOGY	2 32 19		19		1,287.03		67.74	.209		67.74		14.14
ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL	18		36		1,187.38		32.98	.396		65.97		13.05
CROSSOVERS/ALL OTH OUTPTNT	18		83		2,175.80		26.21	.912		120.88		23.91
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	\$		\$	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0 0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0 0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES I	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 18,431
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
YUBA COUNTY	SUMMARY OF SERVICES	FOR MIA - NO SO	OC - PREGNANT	AID CODE	86		
					MONT	HLY AVERAC	SE

IODII COONII	BOINIMET OF BLICV	TODO TOR MITT	NO BOC	, I KEGIVILVI	TIID CODI	M(	ONTHLY AVER	ACF	
91 ELIGIBLES	USERS	UNITS OF SERVI	CF	EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CA			PER UNIT/DAY		USER	•	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	57	298	\$	51,899.86	\$ 174.16		\$ 910.52	بے	
COMM HOSP INPATIENT TOTAL	11	38	Ą	45,230.80	1190.28	.418	4111.89		497.04
	11	0		45,230.60	1190.20				
HSC HOSPITALS	0 11			.00 45,230.80	1100 00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	11	38		45,230.80	1190.28	.418	4111.89		497.04
ACCOMMODATIONS	11 0	38		13,305.24	.00 1190.28 350.14 .00	.418	1209.57		146.21
ADMINISTRATIVE DAYS	0	U			.00	.000	.00		.00
TRANSITIONAL IP CARE	0 11 11 0 0 54	0		.00 13,305.24	.00	.000	.00		.00
ALL OTHER ACCOM	11	38		13,305.24	350.14	.418	1209.57		146.21
ANCILLARIES	11	0		31,925.56	.00	.000	2902.32		350.83
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	54	260		6,669.06	25.65		123.50		73.29
MEDICAL	6	10		406.68	40.67	.110	67.78		4.47
SURGERY	2	2		38.12	19.06	.022	19.06		.42
PATHOLOGY	32	110		1,574.05	14.31	1.209	49.19	1	17.30
RADIOLOGY	19	19		1,287.03	67.74	.209	67.74	:	14.14
ROOM USE	18	36		1,187.38	32.98	.396	65.97	•	13.05
CROSSOVERS/ALL OTH OUTPTNT	18	83		2,175.80	26.21	.912	120.88		23.91
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0	·	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	1	.00
@NURSING FACILITY	0	0	Ś	.00		.000		\$	
LEV A-INTERMEDIATE	0	0	Ψ	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	Ô	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	Ô	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	Õ	0	\$	.00	\$ .00	.000		\$	
ICF DDH	0	0	Y	.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000		\$	
HOSPITAL BASED	0	0	Ą	.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	à						
@REHABILITATION FACILITY	U		\$	.00	\$ .00	.000		\$	
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	4	.00	.00	.000	.00		.00
@LABORATORY FACILITY	21 21	79	\$	1,222.89		.868			
PATHOLOGY		79		1,222.89	15.48	.868	58.23		13.44
XO AND OTHERS	0 39	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	39	72	\$	5,407.22	\$ 75.10	.791			
CLINIC	1	8		407.62	50.95	.088	407.62		4.48
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	1	.00

RURAL HEALTH CLINIC 38 64 4,999.60 78.12 .703 131.57 54.94 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,432 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

YUBA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

					MON'	THLY AVERAG	E
91 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	5 \$	525.00	\$ 105.00	.055 \$	105.00	\$ 5.77
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	5	5	525.00	105.00	.055	105.00	5.77
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$		\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARA	ATE INFORMATION ITEM ON	LY;				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,433 MOP024 FEE-FOR-SERVICE/DENTAL 901/29/04 SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

10211 0001111							
					MOI	NTHLY AVERA	GE
91 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	119	764 \$	72,308.75	\$ 94.64	8.396	\$ 607.64	\$ 794.60
@PHYSICIANS SERVICES	47	88 \$	8,296.68	\$ 94.28	.967	\$ 176.53	\$ 91.17
OUTPATIENT VISITS	15	15	1,329.21	88.61	.165	88.61	14.61
OFFICE VISITS	7	7	474.10	67.73	.077	67.73	5.21
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	68.35	68.35	.011	68.35	.75
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	7	7	786.76	112.39	.077	112.39	8.65
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	14	546.84	39.06	.154	91.14	6.01
HOSPITAL VISITS	6	14	546.84	39.06	.154	91.14	6.01
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	8	15		3,908.46	260.56	.165	488.56		42.95
PRINCIPAL SURGEON	5	6		3,551.40	591.90	.066	710.28		39.03
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	3	9		357.06	39.67	.099	119.02		3.92
OUTPATIENT SURGERY	6	9		1,271.78	141.31	.099	211.96		13.98
PRINCIPAL SURGEON	6	9		1,271.78	141.31	.099	211.96		13.98
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	3	6		270.56	45.09	.066	90.19		2.97
RADIOLOGY	22	23		869.14	37.79	.253	39.51		9.55
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	1	1		57.76	57.76	.011	57.76		.63
OTHER SERVICES/ALL X-OVERS	5	5		42.93	8.59	.055	8.59		.47
@PHARMACY	41	87	\$	2,287.32	\$ 26.29	.956	\$ 55.79	\$	25.14
PRESCRIPTION DRUGS	41	86		2,274.01	26.44	.945	55.46		24.99
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	41	86		2,274.01	26.44	.945	55.46		24.99
MEDICAL SUPPLIES	1	1		13.31	13.31	.011	13.31		.15
@DENTIST	1	3	\$	11.00	\$ 3.67	.033	\$ 11.00	\$	.12
VISITS - DIAGNOSTIC	1	3		11.00	3.67	.033	11.00		.12
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUR	ES MO	NTH-OF-PAYMENT RE	PORT FOR JAN	2003 THRU	DEC 2003	PA	GE 18,434
MOP024	FEE-FOR-SERVICE/DENTAL								01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR	MIA - N	O SOC	C - TOTAL					
							ORTHITT IT RETURNS	$\alpha =$	

1021 000111	DOMINITIES OF DELIC	VICED LOIC LITTLE IN	0 000	1011111							
							Mo	ГИC	HLY AVERA	GΕ	
91 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV.	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	1	\$	47.45	\$	47.45	.011	\$	47.45	\$	.52
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.011		47.45		.52
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	1	1	\$	16.72	\$	16.72	.011	\$	16.72	\$	.18
VISITS	1	1		16.72		16.72	.011		16.72		.18
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	12	130	\$	2,594.61	\$	19.96	1.429	\$	216.22	\$	28.51
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	57	298	\$	51,899.86	\$	174.16	3.275	\$	910.52	\$	570.33

HOSP INPATIENT TOTAL	11	38	45,230.80	1190.28	.418	4111.89	497.04
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	11	38	45,230.80	1190.28	.418	4111.89	497.04
ACCOMMODATIONS	11	38	13,305.24	350.14	.418	1209.57	146.21
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	38	13,305.24	350.14	.418	1209.57	146.21
ANCILLARIES	11	0	31,925.56	.00	.000	2902.32	350.83
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	54	260	6,669.06	25.65	2.857	123.50	73.29
MEDICAL	6	10	406.68	40.67	.110	67.78	4.47
SURGERY	2	2	38.12	19.06	.022	19.06	.42
PATHOLOGY	32	110	1,574.05	14.31	1.209	49.19	17.30
RADIOLOGY	19	19	1,287.03	67.74	.209	67.74	14.14
ROOM USE	18	36	1,187.38	32.98	.396	65.97	13.05

CROSSOVERS/ALL OTH OUTPTNT	18	83		2,175.80		26.21	.912		120.88	23	3.91
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF	-PAYMENT RE	EPORT	FOR JAN 200	3 THRU	DEC 2	2003	PAGE 1	.8,435
MOP024	FEE-FOR-SERVICE/DENTAL									01/	29/04

MOPU24 FEE-FOR-SERVICE/DENTAL

YUBA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

IUBA COUNTI	SUMMARI OF SER	VICES FOR MIA - I	10 SUC -	- IOIAL		140		G.F.
01 77 7777 77	Hanna						NTHLY AVERA	
91 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		F1 000 06	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	57	298	\$	51,899.86	\$ 174.16	3.275		
COMM HOSP INPATIENT TOTAL	11	38		45,230.80	1190.28	.418	4111.89	497.04
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	11	38		45,230.80	1190.28	.418	4111.89	497.04
ACCOMMODATIONS	11	38		13,305.24	350.14	.418	1209.57	146.21
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	38		13,305.24	350.14	.418	1209.57	146.21
ANCILLARIES	11	0		31,925.56	.00	.000	2902.32	350.83
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	54	260		6,669.06	25.65	2.857	123.50	73.29
MEDICAL	6	10		406.68	40.67	.110	67.78	4.47
SURGERY	2	2		38.12	19.06	.022	19.06	.42
PATHOLOGY	32	110		1,574.05	14.31	1.209	49.19	17.30
RADIOLOGY	19	19		1,287.03	67.74	.209	67.74	14.14
ROOM USE	18	36		1,187.38	32.98	.396	65.97	13.05
CROSSOVERS/ALL OTH OUTPTNT	18	83		2,175.80	26.21	.912	120.88	23.91
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	·	.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000		
HOSPITAL BASED	0	0	•	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$ .00	\$	.00	.000	\$ .00	\$	.00
HOSPITAL BASED	0	0	.00	1	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	1	.00	.000	.00		.00
@LABORATORY FACILITY	21	79	\$ 1,222.89	\$	15.48	.868	\$ 58.23	\$	13.44
PATHOLOGY	21	79	1,222.89	)	15.48	.868	58.23		13.44
XO AND OTHERS	0	0	.00	1	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	39	72	\$ 5,407.22	\$	75.10	.791	\$ 138.65	\$	59.42
CLINIC	1	8	407.62	}	50.95	.088	407.62		4.48
SURGICENTER	0	0	.00	1	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	)	.00	.000	.00		.00
RURAL HEALTH CLINIC	38	64	4,999.60	)	78.12	.703	131.57		54.94
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU D	EC 2003	PA	GE 18,436
MOP024	FEE-FOR-SERVICE/DENTA	L							01/29/04
YUBA COUNTY	SUMMARY OF SERVICES F	OR MIA - NO	SOC - TOTAL						
						MC	NTHLY AVERA	.GE -	

					MON	IHLY AVERAGE	
91 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	5 \$	525.00	\$ 105.00	.055 \$	105.00 \$	5.77
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	5	5	525.00	105.00	.055	105.00	5.77
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$		.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@* TOTALS IN THESE LINES ARE GIVE	N AS A SEDARA	TE INFORMATION ITEM ON	IT.V:				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

THESE DATA ARE INCLUDED I	IN THE AFFROERIATE DETAIL DINES ADOVE.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003	PAGE 18,437
MOP024	FEE-FOR-SERVICE/DENTAL	01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53	

							MC	NTHL	Y AVERA	ιGΕ	
51 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV:	ERAGE COST	UNITS/DAYS	G CO	ST PER		COST PER
		OR DAYS OF CAR	E		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	48	1,748	\$	181,863.71	\$	104.04	34.275	\$ 3	788.83	\$	3565.96
@PHYSICIANS SERVICES	24	33	\$	767.82	\$	23.27	.647	\$	31.99	\$	15.06
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	21	29	713.40	24.60	.569	33.97	13.99
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	21	29	713.40	24.60	.569	33.97	13.99
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	21.65	10.83	.039	10.83	.42
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	32.77	16.39	.039	16.39	.64
@PHARMACY	40	288 \$	29,416.71	\$ 102.14	5.647		\$ 576.80
PRESCRIPTION DRUGS	40	272	29,006.57	106.64	5.333	725.16	568.76
SNF/ICF	34	252	16,436.23	65.22	4.941	483.42	322.28
OUTPATIENTS	13	20	12,570.34	628.52	.392	966.95	246.48
MEDICAL SUPPLIES	6	16	410.14	25.63	.314	68.36	8.04
@DENTIST	3	6 \$	1,020.00	\$ 170.00	.118		\$ 20.00
VISITS - DIAGNOSTIC	2	4	120.00	30.00	.078	60.00	2.35
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.039	900.00	17.65
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT R	REPORT FOR JAN	2003 THRU I	DEC 2003	PAGE 18,438
MOP024	FEE-FOR-SERVICE			_			01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR MIA - SOC	- LTC	AID CODE			
						ONTHLY AVERA	
51 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	ء -	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	1	2 \$	68.76	\$ 34.38	.039	\$ 68.76	\$ 1.35

DIAGNOSTIC AND ANC. PROCED 47.45 47.45 1 1 0 0 0 0 2 47.45 .020 .93 EYE APPLIANCES 21.31 21.31 .020 21.31 .42 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .00 .00 @CHIROPRACTOR 0 \$ .00 .000 \$ .00 \$ .00 .00 VISITS 0 .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 \$ @PODIATRIST 2 114.40 \$ 57.20 .039 \$ 57.20 \$ 2.24

MEDICINE/INJECTIONS	2	2		114.40		57.20	.039		57.20		2.24
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	Š	.00	\$	.00	.000	\$	.00	Š	.00
NURSE MIDWIFE	0	0	Ġ	.00	Ġ	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	ب ب	.00	\$	.00	.000	\$	.00	\$ \$	.00
	. 0		Ş								
FAMILY NURSE PRACTITIONER	U	0	Ş	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	9	48	Ş	1,879.84	\$	39.16	.941	\$	208.87	Ş	36.86
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0									
ALL OTHER INPATIENT	0			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	9	48		1,879.84		39.16	.941		208.87		36.86
MEDICAL	5	10		717.46		71.75	.196		143.49		14.07
SURGERY	5	5		250.51		50.10	.098		50.10		4.91
PATHOLOGY	3	17		184.50		10.85	.333		61.50		3.62
RADIOLOGY	3	3		242.60		80.87	.059		80.87		4.76
ROOM USE	6	7		346.23		49.46	.137		57.71		6.79
CROSSOVERS/ALL OTH OUTPTNT	4	6		138.54		23.09	.118		34.64		2.72
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	. 0	0	Υ	.00	~	.00	.000	٧	.00	٧	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0									
ACCOMMODATIONS	U	U		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0									
ROOM USE		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0	_~ .	.00		.00	.000	~	.00	_	.00
#CALIF DEPT OF HEALTH SERV			ES N	MONTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2003 THRU	DEC	2003	Ρ.	AGE 18,439
MOP024	FEE-FOR-SERVICE/D										01/29/04
YUBA COUNTY	SUMMARY OF SERVIC	ES FOR MIA - S	OC -	- LTC		AID CODE	53				
							M	TNO	HLY AVERA	GΕ	
51 ELIGIBLES	USERS U	NITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	48	\$	1,879.84	\$	39.16	.941	\$	208.87	\$	36.86
COMM HOSP INPATIENT TOTAL	0	0	•	.00	•	.00	.000	•	.00	•	.00
	-	ŭ									

HSC HOSPITALS .00 0 .00 .000 .00 0 .00 NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 ACCOMMODATIONS 0 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 .00 TRANSITIONAL IP CARE 0 0 .00 .000 .00 .00 0 ALL OTHER ACCOM 0 .00 .00 .000 .00 .00 0 ANCILLARIES 0 .00 .00 .000 .00 .00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9	48	1,879.84	39.16	.941	208.87	36.86
MEDICAL	5	10	717.46	71.75	.196	143.49	14.07
SURGERY	5	5	250.51	50.10	.098	50.10	4.91
PATHOLOGY	3	17	184.50	10.85	.333	61.50	3.62
RADIOLOGY	3	3	242.60	80.87	.059	80.87	4.76
ROOM USE	6	7	346.23	49.46	.137	57.71	6.79
CROSSOVERS/ALL OTH OUTPINT	4	6	138.54	23.09	.118	34.64	2.72
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	41	1,270	\$ 141,236.48	\$ 111.21	24.902	\$ 3444.79	\$ 2769.34
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	41	1,270	1	41,236.48		111.21	24.902		3444.79		2769.34
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	9	39	\$	534.18	\$	13.70	.765	\$	59.35	\$	10.47
PATHOLOGY	9	39		534.18		13.70	.765		59.35		10.47
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF	-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	P.	AGE 18,440
MOP024	FEE-FOR-SERVICE/DENTAL	1									01/29/04

SUMMARY OF SERVICES FOR MIA - SOC - LTC

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 51 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 10 60 6,825.52 1.176 \$ @ALL OTHER PROVIDERS 113.76 682.55 \$ 133.83 DURABLE MED. EQUIP. 580.59 290.30 .039 580.59 11.38 .00 BLOOD BANK .00 .00 .000 .00 0 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION 36 1,024.54 28.46 .706 146.36 20.09 .706 1,024.54 28.46 146.36 AMBULANCES/AIR TRANS 20.09 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 OPTICIAN .00 .00 .000 .00 .00 .00 PHYSICAL THERAPIST .00 .000 .00 .00 PORTABLE X-RAY 0 .00 .00 .000 .00 .00 22 5,220.39 237.29 2610.20 102.36 PROSTHETIST/ORTHOTISTS .431 237.29 PROSTHETICS 5,220.39 .431 2610.20 102.36 .00 .00 .000 .00 ORTHOTICS .00 .00 PSYCHOLOGIST .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES\* .00 \$ .00 .000 \$ .00 \$ .00 @XOVER EXCLUDING STATE HOSP\*\* .00 .000 \$ .00 .00 \$ .00 \$

YUBA COUNTY

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES			NITS/DAYS	COST PER	COST PER
CODEOMEERICE	0	OR DAYS OF CARE	0.0		UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$	.00	.000 \$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000	.00	.00
EYE APPLIANCES	0	0	.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$	.00	.000 \$	.00	\$ .00
VISITS	0	0	.00		.00	.000	.00	.00
OTHER SERVICES	0	0	.00		.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$	.00	.000 \$	.00	\$ .00
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00	.00
SURGERY/ANES.	0	0	.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00	.00
OTHER	0	0	.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$	.00	.000 \$	.00	\$ .00
NURSE ANESTHESIST	0	0 s	.00	Ė	.00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 s	.00	Š	.00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	Š	.00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	Š	.00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	0	0 4	.00	Ġ	.00	.000 \$	.00	\$ .00
HOSP INPATIENT TOTAL	0	0 5	.00	Y	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00				.00	
	0	0			.00	.000		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	U	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	U	0	.00		.00	.000	.00	.00
ANCILLARIES	0	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00	.00
MEDICAL	0	0	.00		.00	.000	.00	.00
SURGERY	0	0	.00		.00	.000	.00	.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00
RADIOLOGY	0	0	.00		.00	.000	.00	.00
ROOM USE	0	0	.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$	.00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000	.00	.00
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00
ANCILLARIES	0	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00	.00
MEDICAL	0	0	.00		.00	.000	.00	.00
SURGERY	0	0	.00		.00	.000	.00	.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00
RADIOLOGY	0	0	.00		.00	.000	.00	.00
ROOM USE	0	0	.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	AND EXPENDITURES M		י ייקרקי				PAGE 18,443
MOP024	FEE-FOR-SERVICE/I		ONTH OF EATHERN RE	11.01(1	LOK OMN ZC	OS TIMO DE		01/29/04
YUBA COUNTY		ES FOR MIA - SOC -	DREGNANT		AID CODE 8	37		01/29/04
TODA COUNTI	DOMINIANT OF BEKATO	- 30C - AIM 301 CE.	EKEGIMINI	4	מידי כחדי מ		ת משת א אודים	O.D.

		OR DAYS OF	CARE				DEB	UNIT/DAY	DEB 1	2T.T <i>C</i>	2	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0			\$		.00	\$	.00		000		.00	\$	.00
COMM HOSP INPATIENT TOTAL	0		0	т		.00	т	.00		000	т.	.00	т.	.00
HSC HOSPITALS	0		0			.00		.00		000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0			.00		.00		000		.00		.00
ACCOMMODATIONS	0		0			.00		.00		000		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00		000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00		000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00		000		.00		.00
ANCILLARIES	0		0			.00		.00		000		.00		.00
INPATIENT CROSSOVERS	0		0			.00		.00		000		.00		
	0		0											.00
ALL OTHER INPATIENT	0		0			.00		.00		000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0			.00		.00		000		.00		.00
MEDICAL	0		0			.00		.00		000		.00		.00
SURGERY	0		0			.00		.00		000		.00		.00
PATHOLOGY	0		0			.00		.00		000		.00		.00
RADIOLOGY	0		0			.00		.00		000		.00		.00
ROOM USE	0		0			.00		.00		000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0			.00		.00	. (	000		.00		.00
@STATE HOSPITAL	0		0	\$		.00	\$	.00	. (	000	\$	.00	\$	.00
MENTALLY ILL	0		0			.00		.00	. (	000		.00		.00
DEVELOP. DISABLED	0		0			.00		.00	. (	000		.00		.00
@NURSING FACILITY	0		0	\$		.00	\$	.00	. (	000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0		0			.00		.00	. (	000		.00		.00
LEV B-REHAB MD	0		0			.00		.00	. (	000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0			.00		.00	. (	000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0			.00		.00		000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0			.00		.00		000		.00		.00
LEV B-REGULAR	0		0			.00		.00		000		.00		.00
@INTERMEDIATE CARE FACILDD	0			\$		.00	\$	.00		000	\$	.00	\$	.00
ICF DDH	0		0	Υ		.00	Υ	.00		000	٧	.00	٧	.00
ICF DD	0		0			.00		.00		000		.00		.00
ICF DDN/DDCN	0		0			.00		.00		000		.00		.00
@HEMODIALYSIS TOTAL	0			\$		.00	\$	.00		000	\$	.00	\$	.00
HOSPITAL BASED	0		0	Ą		.00	Ą	.00		000	Ą	.00	Ą	.00
HEMODIALYSIS CENTER	0		0			.00		.00		000		.00		.00
	0			<u>.</u>			Ċ.				4		4	
@REHABILITATION FACILITY	0			\$		.00	\$	.00		000	\$	.00	\$	.00
HOSPITAL BASED	0		0			.00		.00		000		.00		.00
INDEPENDENT FACILITY	0		0			.00		.00		000		.00		.00
@LABORATORY FACILITY	0			\$		.00	\$	.00		000	\$	.00	\$	.00
PATHOLOGY	0		0			.00		.00		000		.00		.00
XO AND OTHERS	0		0			.00		.00		000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0			\$		.00	\$	.00		000	\$	.00	\$	.00
CLINIC	0		0			.00		.00	. (	000		.00		.00
SURGICENTER	0		0			.00		.00	. (	000		.00		.00
HEROIN DETOX CLINIC	0		0			.00		.00	. (	000		.00		.00
RURAL HEALTH CLINIC	0		0			.00		.00	. (	000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPEND	ITURE	S MO	NTH-OF-PA	YMENT RE	PORT	FOR JAN	2003 TI	HRU	DEC	2003	F	AGE 18,444
MOP024	FEE-FOR-SERVICE	DENTAL												01/29/04
YUBA COUNTY	SUMMARY OF SERV		- SO	C -	PREGNANT			AID CODE	87					
										N	ITMON	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SER	VICE		EXPEND	ITURES	AVE	RAGE COST						COST PER
		OR DAYS OF	CARE					UNIT/DAY				USER		ELIGIBLE
@ALL OTHER PROVIDERS	0			\$		.00	\$	.00			\$	.00		.00
DURABLE MED. EQUIP.	0		0	т		.00	т	.00		000	-	.00	т.	.00
BLOOD BANK	0		0			.00		.00		000		.00		.00
HEARING AID DISPENSERS	0		0			.00		.00		000		.00		.00
MEDICAL TRANSPORTATION	0		0			.00		.00		000		.00		.00
AMBULANCES/AIR TRANS	0		0			.00		.00		000		.00		.00
OTHER TRANS	0		0			.00		.00		000		.00		.00
OTHER TRAINS	U		J			.00		.00	. \	000		.00		.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,445 MOP024 FEE-FOR-SERVICE/DENTAL 9UBA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

YUBA COUNTY	SUMMARY OF SER	VICES FOR MIA - :	SOC -	TOTAL						~=	
51			_						HLY AVERA	_	
51 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	48	1,748	\$	181,863.71	\$	104.04		\$	3788.83		3565.96
@PHYSICIANS SERVICES	24	33	\$	767.82	\$	23.27	.647	\$	31.99	\$	15.06
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	21	29		713.40		24.60	.569		33.97		13.99
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	-										
SNF/ICF/TRANS IP CARE	21	29		713.40		24.60	.569		33.97		13.99
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		21.65		10.83	.039		10.83		.42
	2	0					.000				.00
PSYCHIATRY	0	0		.00		.00			.00		
IMMUNIZATION AND INJECTION	-			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2	2	4.	32.77	4.	16.39	.039	4.	16.39		.64
@PHARMACY	40	288	\$	29,416.71	\$	102.14	5.647	\$	735.42	\$	576.80
PRESCRIPTION DRUGS	40	272		29,006.57		106.64	5.333		725.16		568.76
SNF/ICF	34	252		16,436.23		65.22	4.941		483.42		322.28
OUTPATIENTS	13	20		12,570.34		628.52	.392		966.95		246.48
MEDICAL SUPPLIES	6	16		410.14		25.63	.314		68.36		8.04
@DENTIST	3	6	\$	1,020.00	\$	170.00	.118	\$	340.00	\$	20.00
VISITS - DIAGNOSTIC	2	4		120.00		30.00	.078		60.00		2.35
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS ENDODONTICS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0									
PROSTHETICS	0	0		.00		.00	.000		.00		.00

DENTURES, STAYPLATES	1	2	900.00	450.00	.039	900.00	17.65
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 18,446
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04

YUBA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL ----- MONTHLY AVERAGE -----51 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2 @OPTOMETRIST 68.76 34.38 .039 \$ 68.76 Ś 1.35 47.45 DIAGNOSTIC AND ANC. PROCED 1 47.45 .020 47.45 .93 21.31 EYE APPLIANCES 21.31 .020 21.31 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 .00 .000 \$ .00 \$ .00 .000 VISITS .00 . 00 .00 . 00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST 114.40 57.20 .039 57.20 Ś 2.24 57.20 114.40 .039 57.20 2.24 MEDICINE/INJECTIONS .00 .00 .000 .00 SURGERY/ANES. .00 0 .00 RADIO./PATHOLOGY .00 .000 . 00 .00 OTHER 0 .00 .00 .000 .00 .00 .00 .00 @HOME HEALTH AGENCY .00 .000 .00 NURSE ANESTHESIST .00 .00 .000 .00 \$ .00 NURSE MIDWIFE .000 .00 .00 .00 .00 .00 .00 .000 .00 PEDIATRIC NURSE PRACTITIONER .00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 @TOTAL HOSPITAL 1,879.84 39.16 .941 208.87 36.86 HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 .00 .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 . 00 .000 . 00 ACCOMMODATIONS .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .000 .00 .00 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 0 .00 .000 .00 ALL OTHER INPATIENT .00 .00 HOSP OUTPATIENT TOTAL 48 1,879.84 39.16 .941 208.87 36.86 10 717.46 71.75 MEDICAL .196 143.49 14.07 SURGERY 5 250.51 50.10 .098 50.10 4.91 17 184.50 10.85 .333 61.50 3.62 PATHOLOGY 3 RADIOLOGY 242.60 80.87 .059 80.87 4.76 346.23 49.46 .137 57.71 6.79 ROOM USE 138.54 23.09 .118 34.64 2.72 CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL .00 .00 .000 .00 Ś .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .00 .000 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 ANCILLARIES INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 .00 .00 .000 . 00 CO HOSP OUTPATIENT TOTAL .00 .00 MEDICAL .00 .00 .000 .00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 18,447
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
YUBA COUNTY	SUMMARY OF SERVICES E	OR MIA - SOC	- TOTAL				

YUBA COUNTY

YUBA COUNTY	SUMMARY OF SERV	ICES FOR MIA -	SOC	- TOTAL							01/25/01
TODII COUNTI	BOILINGT OF BEILT	TODO TOR TITLE	500	1011111			M	тис	HIY AVERA	GE	
51 ELIGIBLES	USERS	UNITS OF SERVIC	'E	EXPENDITURES	AVER	AGE COST					COST PER
01 221012220	05210	OR DAYS OF CAR		2111 2113 1 1 01125			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9		\$	1,879.84	\$	39.16	.941	Ś	208.87		36.86
COMM HOSP INPATIENT TOTAL	0	48 0 0 0 0 0 0 0 0 0 48 10 5 17 3 7 6 0 0	٧	.00	٧	.00	.000	Y	.00	Y	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00					.00
	0	0					.000		.00		
ADMINISTRATIVE DAYS	U	U		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00 .00 .00 208.87 143.49		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	9	48		1,879.84		39.16	.941		208.87		36.86
MEDICAL	5	10		717.46		.00 39.16 71.75 50.10	.196		143.49		14.07
SURGERY	5	5		250.51		50.10	.098		50.10		4.91
PATHOLOGY	3	17		184.50		10.85	.333		61.50		3.62
RADIOLOGY	3	3		242.60		80.87	.059		80.87		4.76
ROOM USE	6	7		346.23		49.46	.137		57.71		6.79
CROSSOVERS/ALL OTH OUTPTNT	4	6		138.54		23.09	.118		34.64		2.72
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0 0 41	0	т	.00	т	.00	.000	τ.	.00	Ψ.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	41	1,270	\$	141,236.48	\$	111.21		Ċ	3444.79	Ġ	
LEV A-INTERMEDIATE	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
LEV A-INTERMEDIATE LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0 0 0 41 0	1,270	4.	141,236.48		111.21	24.902		3444.79	4.	2769.34
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$		Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00		.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	9	39	\$	534.18	\$	13.70	.765	\$	59.35	\$	10.47
PATHOLOGY	9	39	•	534.18	·	13.70	.765	•	59.35		10.47
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	Ś	.00	\$	.00
CLINIC	0	0	т	.00	т	.00	.000	τ.	.00	Ψ.	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			ים מו	MONTH-OF-PAYMENT R	ייים ייים מ			\E-C		-	.00 PAGE 18,448
			て正ろ	MONIU-OL-BAIMENI K	CEPURI	FUR UAN .	ZUUS IRKU .	ノピし	. 4003	P	
MOP024	FEE-FOR-SERVICE	/ DENTAL	aoa	moma r							01/29/04

SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

51 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	(	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	]	ELIGIBLE
@ALL OTHER PROVIDERS	10	60 \$	5	6,825.52	\$ 113.76	1.176	\$ 682.55	\$	133.83
DURABLE MED. EQUIP.	1	2		580.59	290.30	.039	580.59		11.38
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	7	36		1,024.54	28.46	.706	146.36		20.09
AMBULANCES/AIR TRANS	7	36		1,024.54	28.46	.706	146.36		20.09
OTHER TRANS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	0	0		.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	2	22		5,220.39	237.29	.431	2610.20		102.36
PROSTHETICS	2	22		5,220.39	237.29	.431	2610.20		102.36
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0 \$	3	.00	\$ .00	.000	\$ .00	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	5	.00	\$ .00	.000	\$ .00	\$	.00

----- MONTHLY AVERAGE -----

01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,449 MOP024 FEE-FOR-SERVICE/DENTAL

YUBA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

1021 000111	DOIMERT OF DESCRIPTION	D 1011 1011 101011 01	· <b>-</b>				
					MON	THLY AVERA	GE
00 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	C	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	1 2003 THRU I	DEC 2003	PAGE 18,450
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FO	R FOR FUTUR	E USE				

YUBA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

YUBA COUNTY	SUMMARY OF SERVICES	FOR FOR FUTU	RE USE			3.0	~ >		a=	
00					 	MO			GE.	~~~~~
00 ELIGIBLES		S OF SERVICE		EXPENDITURES		UNITS/DAYS	S	COST PER		COST PER
O O DETONATED TOE		DAYS OF CARE		0.0	UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0		\$	.00	\$ .00	.000	Ş	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000		.00		.00
EYE APPLIANCES	0	0		.00	.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000		.00		.00
@CHIROPRACTOR	0		\$	.00	\$ .00	.000	\$	.00	\$	.00
VISITS	0	0		.00	.00	.000		.00		.00
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	0	0		.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	0		\$	.00	\$ .00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00		.00
ANCILLARIES	0	0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
MEDICAL	0	0		.00	.00	.000		.00		.00
SURGERY	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	0	0		.00	.00	.000		.00		.00
ROOM USE	0	0		.00	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES MO	NTH-OF-PAYMENT REPORT	r for Jan 2	003 THRU DE	EC 2003	PAGE 18,451
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
YUBA COUNTY	SUMMARY OF SERVICES	FOR FOR FUTURE U	SE				
					MON	NTHLY AVERAG	E
00 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES AVI	ERAGE COST	UNITS/DAYS	COST PER	COST PER

0.0 51 5355 53					MON 1		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
COMMUNITARY WORD THAT HOME	0	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00		.00	
	0	0 \$ 0			.000 \$		
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	Ü	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	U	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURE	S MONTH-O	F-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC 200	03	PAG	E 18,452
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/29/04
YUBA COUNTY	SUMMARY OF SERVICES	FOR FOR FUTU	RE USE								
							N	MONTHLY	AVERA	GE	

						IIIII AVENAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
* TOTAL IN THESE TIMES AND STREET	א אמ א מביטאר	ATE TATE TATE TATE TO TAKE ONT	T 37 •				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,453 MOP024 FEE-FOR-SERVICE/DENTAL 9UBA COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

							MON	NTHLY AVERA	GE	
142 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPEND	ITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	RΕ			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	167	2,512	\$	254,1	172.46	\$ 101.18	17.690	1521.99	\$	1789.95
@PHYSICIANS SERVICES	71	121	\$	9,0	064.50	\$ 74.91	.852	127.67	\$	63.83
OUTPATIENT VISITS	15	15		1,3	329.21	88.61	.106	88.61		9.36
OFFICE VISITS	7	7		4	474.10	67.73	.049	67.73		3.34
HOME VISITS	0	0			.00	.00	.000	.00		.00
EMERGENCY ROOM	1	1			68.35	68.35	.007	68.35		.48
PREVENTIVE CARE	0	0			.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	7	7		-	786.76	112.39	.049	112.39		5.54

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00		.00	.000	.00		.00
INPATIENT VISITS	27	43	1,260.24		29.31	.303	46.68		8.87
HOSPITAL VISITS	6	14	546.84		39.06	.099	91.14		3.85
	0	0					.00		
CRITICAL CARE			.00		.00	.000			.00
SNF/ICF/TRANS IP CARE	21	29	713.40		24.60	.204	33.97		5.02
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000	.00		.00
EXAMINATIONS	0	0	.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	8	15	3,908.46		260.56	.106	488.56		27.52
PRINCIPAL SURGEON	5	6	3,551.40		591.90	.042	710.28		25.01
ASSISTANT SURGEON	0	0	.00		.00	.000	.00		.00
ANESTHESIOLOGIST	2	9	357.06		39.67	.063	119.02		2.51
	3	9							
OUTPATIENT SURGERY	6	9	1,271.78		141.31	.063	211.96		8.96
PRINCIPAL SURGEON	6	9	1,271.78		141.31	.063	211.96		8.96
ASSISTANT SURGEON	0	0	.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000	.00		.00
DIALYSIS	0	0	.00		.00	.000	.00		.00
PATHOLOGY	3	6	270.56		45.09	.042	90.19		1.91
RADIOLOGY	24	25	890.79		35.63	.176	37.12		6.27
PSYCHIATRY	0	0	.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	1	1	57.76		57.76	.007	57.76		.41
OTHER SERVICES/ALL X-OVERS	7	7	75.70		10.81	.049	10.81		.53
	81	375 \$		\$	84.54	2.641 \$		ė.	223.27
@PHARMACY		•		Ą				Ą	
PRESCRIPTION DRUGS	81	358	31,280.58		87.38	2.521	386.18		220.29
SNF/ICF	34	252	16,436.23		65.22	1.775	483.42		115.75
OUTPATIENTS	54	106	14,844.35		140.04	.746	274.90		104.54
MEDICAL SUPPLIES	7	17	423.45		24.91	.120	60.49		2.98
@DENTIST	4	9 \$	1,031.00	\$	114.56	.063 \$	257.75	\$	7.26
VISITS - DIAGNOSTIC	3	7	131.00		18.71	.049	43.67		.92
ORAL SURGERY	0	0	.00		.00	.000	.00		.00
DRUGS	0	0	.00		.00	.000	.00		.00
ANESTHESIA	0	0	.00		.00	.000	.00		.00
	0	0	.00		.00	.000	.00		.00
PERIODONTICS	0	0							
ENDODONTICS	U	0	.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	U	U	.00		.00	.000	.00		.00
PROSTHETICS	0	0	.00		.00	.000	.00		.00
DENTURES, STAYPLATES	1	2	900.00		450.00	.014	900.00		6.34
SPACE MAINTAINERS	0	0	.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES		ים אחים ם				D	AGE 18,454
MOP024	FEE-FOR-SERVICE		MONTH-OF-PAIMENT I	REPOR.	I FOR UAN A	ZUUS IRKU DE	2003	PI	01/29/04
			T110 T C C 1111 T C	<b></b>					01/29/04
YUBA COUNTY	SUMMARY OF SERV.	ICES FOR MEDICALLY	INDIGENT - ADULTS	- 10.	I'AL			~-	
						MON'		_	
142 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS		(	COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG	USER	]	ELIGIBLE
@OPTOMETRIST	2	3 \$	116.21	\$	38.74	.021 \$	58.11	\$	.82
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	•	47.45	.014	47.45		.67
EYE APPLIANCES	1	$\bar{1}$	21.31		21.31	.007	21.31		.15
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.00		.00
@CHIROPRACTOR	1	1 \$	16.72	\$	16.72	.007 \$	16.72	Ġ	.12
VISITS	1	1 1	16.72	Ą	16.72	.007	16.72	Ą	.12
	_	<del>-</del>							
OTHER SERVICES	0	0	.00	_	.00	.000	.00		.00
@PODIATRIST	2	2 \$	114.40	\$	57.20	.014 \$	57.20	Ş	.81
MEDICINE/INJECTIONS	2	2	114.40		57.20	.014	57.20		.81
CIDCEDY / ANEC	<u> </u>	Ō	0.0		0.0	000	0.0		0.0

.00

.00

.00

.00

.00

.00

.000

.000

.000

.00

.00

.00

.00

.00

.00

SURGERY/ANES.

RADIO./PATHOLOGY

OTHER

0

0

0

0

0

0

@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	12	130	\$ 2,594.61	\$ 19.96	.915	\$ 216.22	\$ 18.27
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	66	346	\$ 53,779.70	\$ 155.43	2.437	\$ 814.84	\$ 378.73
HOSP INPATIENT TOTAL	11	38	45,230.80	1190.28	.268	4111.89	318.53
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	11	38	45,230.80	1190.28	.268	4111.89	318.53
ACCOMMODATIONS	11	38	13,305.24	350.14	.268	1209.57	93.70
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11	38	13,305.24	350.14	.268	1209.57	93.70
ANCILLARIES	11	0	31,925.56	.00	.000	2902.32	224.83
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	63	308		8,548.90	27.76	2.169	135.70	60.20
MEDICAL	11	20		1,124.14	56.21	.141	102.19	7.92
SURGERY	7	7		288.63	41.23	.049	41.23	2.03
PATHOLOGY	35	127		1,758.55	13.85	.894	50.24	12.38
RADIOLOGY	22	22		1,529.63	69.53	.155	69.53	10.77
ROOM USE	24	43		1,533.61	35.67	.303	63.90	10.80
CROSSOVERS/ALL OTH OUTPTNT	22	89		2,314.34	26.00	.627	105.20	16.30
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-OF	-PAYMENT RE	EPORT FOR JAI	1 2003 THRU	DEC 2003	PAGE 18,455
MOP024	FEE-FOR-SERVICE/DENTA							01/29/04
YUBA COUNTY	SUMMARY OF SERVICES F	OR MEDICALL	Y INDIGENT	- ADULTS -	- TOTAL			~=
						M	ONTHLY AVERA	GE

142 ELIGIBLES USERS EXPENDITURES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 66 346 53,779.70 \$ 155.43 2.437 \$ 814.84 \$ 378.73 38 45,230.80 1190.28 4111.89 11 .268 318.53 COMM HOSP INPATIENT TOTAL HSC HOSPITALS Ω .00 .00 .000 .00 .00 45,230.80 NON-HSC HOSPITALS TOTAL 11 38 1190.28 .268 4111.89 318.53 ACCOMMODATIONS 11 13,305.24 350.14 .268 1209.57 93.70 0 Ω .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 ALL OTHER ACCOM 11 38 13,305.24 350.14 .268 1209.57 93.70 11 2902.32 0 31,925.56 .00 .000 224.83 ANCILLARIES .00 INPATIENT CROSSOVERS 0 0 .00 .000 .00 .00 .00 0 .00 ALL OTHER INPATIENT .00 .00 .000 COMM HOSP OUTPATIENT TOTAL 308 8,548.90 27.76 2.169 135.70 60.20 MEDICAL 11 20 1,124.14 56.21 .141 102.19 7.92 7 41.23 SURGERY 288.63 41.23 .049 2.03 127 1,758.55 13.85 .894 50.24 12.38 PATHOLOGY 22 1,529.63 69.53 .155 69.53 RADIOLOGY 10.77 ROOM USE 43 1,533.61 35.67 .303 63.90 10.80 22 89 26.00 .627 105.20 CROSSOVERS/ALL OTH OUTPTNT 2,314.34 16.30 0 .00 .00 .000 .00 @STATE HOSPITAL 0 Ś .00 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 0 .00 .00 .000 .00 .00 @NURSING FACILITY 1,270 141,236.48 111.21 8.944 3444.79 994.62 LEV A-INTERMEDIATE 0 .00 .00 .000 .00 .00 .000 LEV B-REHAB MD 0 .00 .00 .00 .00 .00 .00 .00 .000 .00 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .00 LEV B-TRANSITIONAL IP CARE .00 .000 41 1,270 141,236.48 111.21 8.944 3444.79 994.62 LEV B-REGULAR @INTERMEDIATE CARE FACIL.-DD 0 .00 \$ .00 .000 \$ .00 \$ .00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	30	118	\$	1,757.07	\$	14.89	.831	\$	58.57	\$	12.37
PATHOLOGY	30	118		1,757.07		14.89	.831		58.57		12.37
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	39	72	\$	5,407.22	\$	75.10	.507	\$	138.65	\$	38.08
CLINIC	1	8		407.62		50.95	.056		407.62		2.87
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	38	64		4,999.60		78.12	.451		131.57		35.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-O	F-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 18,456
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04
VIIDA COIMTV	CIIMMADV OF CEDUTOEC E	OD MEDICATI	V TNDTCEN	ייי ארווו ייכ	_ T∩T	λT					

YUBA COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

IUDA COUNTI	SUMMANT OF SER	VICES FOR MEDICALLI IND	IGENI - ADUDIS -	IOIAL			
					MON		GE
142 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	15	65 \$	7,350.52	\$ 113.08	.458 \$	490.03	\$ 51.76
DURABLE MED. EQUIP.	1	2	580.59	290.30	.014	580.59	4.09
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	7	36	1,024.54	28.46	.254	146.36	7.22
AMBULANCES/AIR TRANS	7	36	1,024.54	28.46	.254	146.36	7.22
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	5	5	525.00	105.00	.035	105.00	3.70
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	22	5,220.39	237.29	.155	2610.20	36.76
PROSTHETICS	2	22	5,220.39	237.29	.155	2610.20	36.76
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
* TOTAL THE THECK LINES ADD	CITITINI AC A CEDA	DATE THEODMATTON THEM ON	T 37 •				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,457 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

YUBA COUNTY SUMMARY OF SERVICES FOR ALL AGED

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

12,081 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9,857	279,416 \$	8,241,887.07	\$ 29.50	23.129 \$	836.15	\$ 682.22
@PHYSICIANS SERVICES	2,134	6,395 \$	90,195.24	\$ 14.10	.529 \$		\$ 7.47
OUTPATIENT VISITS	44	58	2,192.24	37.80	.005	49.82	.18
OFFICE VISITS	43	56	2,079.29	37.13	.005	48.36	.17
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	2	112.95	56.48	.000	112.95	.01
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	6	59	3,550.16	60.17	.005	591.69	.29
HOSPITAL VISITS	6	41	1,800.26	43.91	.003	300.04	.15
CRITICAL CARE	3	18	1,749.90	97.22	.001	583.30	.14
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	9	11	568.37	51.67	.001	63.15	.05
EXAMINATIONS	9	11	568.37	51.67	.001	63.15	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	19	1,146.30	60.33	.002	286.58	.09
PRINCIPAL SURGEON	4	6	723.75	120.63	.002	180.94	.06
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	13	422.55	32.50	.001	211.28	.03
OUTPATIENT SURGERY	11	24	3,194.12	133.09	.002	290.37	. 26
PRINCIPAL SURGEON	9	10	2,871.47	287.15	.001	319.05	.24
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	14	322.65	23.05	.001	161.33	.03
DIALYSIS	4	14	889.16	63.51	.001	222.29	.07
PATHOLOGY	5	29	72.27	2.49	.002	14.45	.01
RADIOLOGY	51	147	2,661.00	18.10	.012	52.18	.22
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2,045	6,034	75,921.62	12.58	.499	37.13	6.28
@PHARMACY	8,087	121,112 \$		\$ 21.48	10.025 \$		
PRESCRIPTION DRUGS	7,954	34,080	2,521,631.29	73.99	2.821	317.03	208.73
SNF/ICF	1,053	7,008	378,417.95	54.00	.580	359.37	31.32
OUTPATIENTS	6 017	27,072	2,143,213.34	79.17	2.241	309.85	177.40
MEDICAL SUPPLIES	930 480	87,032	79,406.10	.91	7.204	85.38	6.57
@DENTIST	480	1,573 \$	85,510.90	\$ 54.36	.130 \$		
VISITS - DIAGNOSTIC	323	917	12,549.90	13.69	.076	38.85	1.04
ORAL SURGERY	56	196	8,550.00	43.62	.016	152.68	.71
DRUGS	1	1	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.01
PERIODONTICS	21	21	3,100.00	147.62	.002	147.62	. 26
ENDODONTICS	12	16	3,340.00	208.75	.001	278.33	.28
RESTORATIVE DENTISTRY	90	203	17,427.00	85.85	.017	193.63	1.44
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	98	213	40,414.00	189.74	.018	412.39	3.35
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	4	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES					PAGE 18,458
MOP024	FEE-FOR-SERVICE						01/29/04
YUBA COUNTY		ICES FOR ALL AGED					
					MON'	THLY AVERA	GE
12,081 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	252	657 \$	12,442.23	\$ 18.94	.054 \$		
DIAGNOSTIC AND ANC. PROCED	26	26	1,004.83	38.65	.002	38.65	.08
			•				

EYE APPLIANCES	199	553		9,891.27		17.89	.046		49.70		.82
OTHER OPTOMETRIC SERVICES	51	78		1,546.13		19.82	.006		30.32		.13
@CHIROPRACTOR	12	24	\$	297.94	\$	12.41	.002		24.83	Ś	.02
VISITS	0	0	τ	.00	Υ	.00	.000		.00	Ψ.	.00
OTHER SERVICES	12	24		297.94		12.41	.002		24.83		.02
	156	199	\$	2,059.74	\$	10.35	.016		13.20	ė.	.17
@PODIATRIST			Þ	'	Ş					Þ	
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	156	199		2,059.74		10.35	.016		13.20		.17
@HOME HEALTH AGENCY	1	4	\$	299.44	\$	74.86	.000	\$	299.44	\$	.02
NURSE ANESTHESIST	4	64	Ś	205.37	\$	3.21	.005		51.34	\$	.02
NURSE MIDWIFE	0	0	Š	.00	\$	.00	.000		.00	Š	.00
PEDIATRIC NURSE PRACTITIONER	-	0	Ċ	.00	\$	.00	.000		.00	\$	.00
FAMILY NURSE PRACTITIONER	1	5	Ģ.	99.03	\$	19.81	.000		99.03	\$	.01
			ې د								
@TOTAL HOSPITAL	703	3,021	Ş	579,181.89	\$	191.72	.250	\$	823.87	\$	47.94
HOSP INPATIENT TOTAL	261	1,064		527,584.79		495.85	.088		2021.40		43.67
HSC HOSPITALS	4	16		14,953.37		934.59	.001		3738.34		1.24
NON-HSC HOSPITAL TOTAL	27	166		328,556.94		1979.26	.014		12168.78		27.20
ACCOMMODATIONS	27	166		69,174.72		416.72	.014		2562.03		5.73
ADMINISTRATIVE DAYS	1	10		2,216.40		221.64	.001		2216.40		.18
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	27	156		66,958.32		429.22	.013		2479.94		5.54
ANCILLARIES	27	0		259,382.22		.00	.000		9606.75		21.47
				184,074.48							
INPATIENT CROSSOVERS	230	882				208.70	.073		800.32		15.24
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	478	1,957		51,597.10		26.37	.162		107.94		4.27
MEDICAL	16	29		1,092.46		37.67	.002		68.28		.09
SURGERY	5	6		464.55		77.43	.000		92.91		.04
PATHOLOGY	17	65		702.43		10.81	.005		41.32		.06
RADIOLOGY	21	29		1,908.09		65.80	.002		90.86		.16
ROOM USE	14	25		1,437.02		57.48	.002		102.64		.12
CROSSOVERS/ALL OTH OUTPTNT		1,803		45,992.55		25.51	.149		102.66		3.81
	448	•	<u>ب</u>		4					4	
@COUNTY HOSPITAL TOTAL	4	20	\$	279.53	\$	13.98	.002		69.88	\$	.02
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	Ö		.00		.00	.000		.00		.00
	0	0									
INPATIENT CROSSOVERS				.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	20		279.53		13.98	.002		69.88		.02
MEDICAL	2	4		76.83		19.21	.000		38.42		.01
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		4.40		4.40	.000		4.40		.00
RADIOLOGY	1	1		24.39		24.39	.000		24.39		.00
ROOM USE	2	4		139.76		34.94	.000		69.88		.01
CROSSOVERS/ALL OTH OUTPTNT		10		34.15		3.42	.001		11.38		.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURE	C M		ים חחש					D7	AGE 18,459
			יואו כיק	ONIH-OF-PAIMENT R.	EPOR	I FOR UAN 2	2003 IHKU	DEC	2003	PF	•
MOP024	FEE-FOR-SERVICE										01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR ALL AGED	J							~-	
									CHLY AVERA		
12,081 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELI	G	USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	699	3,001	\$	578,902.36	\$	192.90	.248	\$	828.19	\$	47.92
COMM HOSP INPATIENT TOTAL	261	1,064	•	527,584.79		495.85	.088		2021.40	•	43.67
HSC HOSPITALS	4	16		14,953.37		934.59	.001		3738.34		1.24
1100 11001 1111110	-	10		11,000.01		751.57	.001		3,30.31		

NON-HSC HOSPITALS TOTAL	27	166	328,556.94	1979.26	.014	12168.78	27.20
ACCOMMODATIONS	27	166	69,174.72	416.72	.014	2562.03	5.73
ADMINISTRATIVE DAYS	1	10	2,216.40	221.64	.001	2216.40	.18
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	27	156	66,958.32	429.22	.013	2479.94	5.54
ANCILLARIES	27	0	259,382.22	.00	.000	9606.75	21.47
INPATIENT CROSSOVERS	230	882	184,074.48	208.70	.073	800.32	15.24
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	474	1,937	51,317.57	26.49	.160	108.26	4.25
MEDICAL	14	25	1,015.63	40.63	.002	72.55	.08
SURGERY	5	6	464.55	77.43	.000	92.91	.04
PATHOLOGY	16	64	698.03	10.91	.005	43.63	.06
RADIOLOGY	20	28	1,883.70	67.28	.002	94.19	.16
ROOM USE	12	21	1,297.26	61.77	.002	108.11	.11
CROSSOVERS/ALL OTH OUTPINT	445	1,793	45,958.40	25.63	.148	103.28	3.80
@STATE HOSPITAL	12	365	\$ 188,665.98	\$ 516.89	.030	\$ 15722.17	\$ 15.62

MENTALLY ILL	12	365		188,665.98		516.89	.030		15722.17		15.62
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1,310	37,147	\$	4,097,648.39	\$	110.31	3.075	\$	3127.98	\$	339.18
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	11	334		35,481.20		106.23	.028		3225.56		2.94
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1,299	36,813		4,062,167.19		110.35	3.047		3127.15		336.24
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	104	237	\$	79,960.99	\$	337.39	.020	\$	768.86	\$	6.62
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	104	237		79,960.99		337.39	.020		768.86		6.62
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	52	180	\$	2,371.43	\$	13.17	.015	\$	45.60	\$	.20
PATHOLOGY	32	156		2,053.40		13.16	.013		64.17		.17
XO AND OTHERS	20	24		318.03		13.25	.002		15.90		.03
@ORGANIZED OUTPATIENT CLINIC	1,560	2,815	\$	93,599.18	\$	33.25	.233	\$	60.00	\$	7.75
CLINIC	3	27		526.92		19.52	.002		175.64		.04
SURGICENTER	23	33		4,066.50		123.23	.003		176.80		.34
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,535	2,755		89,005.76		32.31	.228		57.98		7.37
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITU	RES M	ONTH-OF-PAYMENT R	REPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 18,460
MOP024	FEE-FOR-SERVICE/DENT	'AL									01/29/04
YUBA COUNTY	SUMMARY OF SERVICES	FOR ALL AG	ED								
							M	ONT	HLY AVERA	.GE -	

12,081 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
12,001 ELIGIBLES	CALCO	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,285		408,311.93	\$ 3.87	8.742		
		, !		۶ 3.67 70.79			
DURABLE MED. EQUIP.	82	214	15,149.60		.018	184.75	1.25
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	75	89	27,509.52	309.10	.007	366.79	2.28
MEDICAL TRANSPORTATION	237	23,304	82,415.46	3.54	1.929	347.74	6.82
AMBULANCES/AIR TRANS	10	98	1,384.33	14.13	.008	138.43	.11
OTHER TRANS	160	22,296	77,751.22	3.49	1.846	485.95	6.44
OTHER SERVICES	73	910	3,279.91	3.60	.075	44.93	.27
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.00
ADULT DAY HEALTH CARE CTR	8	194	13,363.18	68.88	.016	1670.40	1.11
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	362	1,988	133,431.20	67.12	.165	368.59	11.04
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	242	543	7,245.04	13.34	.045	29.94	.60
PHYSICAL THERAPIST	5	19	127.83	6.73	.002	25.57	.01
PORTABLE X-RAY	24	41	123.12	3.00	.003	5.13	.01
PROSTHETIST/ORTHOTISTS	28	47	1,068.71	22.74	.004	38.17	.09
PROSTHETICS	28	47	1,068.71	22.74	.004	38.17	.09
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	48	95	7,254.09	76.36	.008	151.13	.60
HOSPICE SERVICES	17	361	39,880.58	110.47	.030	2345.92	3.30
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	20	249.48	12.47	.002	49.90	.02
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	n	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	Ö	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS 1,454 78,701 80,450.87 1.02 6.514 55.33 6.66 @CALIF. CHILDREN SERVICES\* 0 0 \$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,461

MOP024 FEE-FOR-SERVICE/DENTAL
YUBA COUNTY SUMMARY OF SERVICES FOR ALL BLIND 01/29/04

						MONTHLY AVERAGE				
829 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER	
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE	
@TOTAL, ALL PROVIDERS	617	21,593	\$	577,520.67	\$ 26.75	26.047	936.01	\$	696.65	
@PHYSICIANS SERVICES	211	911	\$	30,542.59	\$ 33.53	1.099	144.75	\$	36.84	
OUTPATIENT VISITS	69	100	•	3,404.84	34.05	.121	49.35	•	4.11	
OFFICE VISITS	65	96		3,297.50	34.35	.116	50.73		3.98	
HOME VISITS	0	0		.00	.00	.000	.00		.00	
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00	
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00	
OTHER OUTPATIENT	4	4		107.34	26.84	.005	26.84		.13	
INPATIENT VISITS	12	46		2,463.60	53.56	.055	205.30		2.97	
HOSPITAL VISITS	11	43		2,098.80	48.81	.052	190.80		2.53	
CRITICAL CARE	2	3		364.80	121.60	.004	182.40		.44	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00	
OPHTHALMOLOGICAL SERVICES	24	26		1,110.81	42.72	.031	46.28		1.34	
EXAMINATIONS	23	25		1,090.81	43.63	.030	47.43		1.32	
SERVICES AND MATERIALS	1	1		20.00	20.00	.001	20.00		.02	
INPATIENT HOSPITAL SURGERY	5	7		2,610.77	372.97	.008	522.15		3.15	
PRINCIPAL SURGEON	5	7		2,610.77	372.97	.008	522.15		3.15	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00	
OUTPATIENT SURGERY	19	67		7,364.49	109.92	.081	387.60		8.88	
PRINCIPAL SURGEON	14	22		5,738.51	260.84	.027	409.89		6.92	
ASSISTANT SURGEON	2	2		489.20	244.60	.002	244.60		.59	
ANESTHESIOLOGIST	8	43		1,136.78	26.44	.052	142.10		1.37	
DIALYSIS	18	46		3,840.24	83.48	.055	213.35		4.63	
PATHOLOGY	12	16		132.92	8.31	.019	11.08		.16	
RADIOLOGY	46	100		2,299.02	22.99	.121	49.98		2.77	
PSYCHIATRY	0	0		.00	.00	.000	.00		.00	
IMMUNIZATION AND INJECTION	4	8		153.50	19.19	.010	38.38		.19	
OTHER SERVICES/ALL X-OVERS	117	495		7,162.40	14.47	.597	61.22		8.64	
@PHARMACY	507	5,688	\$	191,584.29	\$ 33.68	6.861	377.88	\$	231.10	
PRESCRIPTION DRUGS	496	2,133	•	173,193.52	81.20	2.573	349.18	•	208.92	
SNF/ICF	6	42		2,145.92	51.09	.051	357.65		2.59	
OUTPATIENTS	490	2,091		171,047.60	81.80	2.522	349.08		206.33	
MEDICAL SUPPLIES	116	3,555		18,390.77	5.17	4.288	158.54		22.18	
@DENTIST	27	148	\$	4,040.50	\$ 27.30	.179	149.65	\$	4.87	
VISITS - DIAGNOSTIC	16	89		925.50	10.40	.107	57.84		1.12	
ORAL SURGERY	6	40		1,370.00	34.25	.048	228.33		1.65	
DRUGS	0	0		.00	.00	.000	.00		.00	
ANESTHESIA	0	0		.00	.00	.000	.00		.00	
PERIODONTICS	3	4		800.00	200.00	.005	266.67		.97	
ENDODONTICS	0	0		.00	.00	.000	.00		.00	
RESTORATIVE DENTISTRY	8	11		710.00	64.55	.013	88.75		.86	
PROSTHETICS	0	0		.00	.00	.000	.00		.00	
DENTURES, STAYPLATES	3	3		235.00	78.33	.004	78.33		.28	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00	

ORTHODONTIC SERVICES ALL OTHER SERVICES

MOP024

#CALIF DEPT OF HEALTH SERV

0 0 1 1

.00 .00

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

.00 .00 .000

.001

.00 .00

.00 .00 PAGE 18,462

FEE-FOR-SERVICE/DENTAL YUBA COUNTY

01/29/04

SUMMARY	OF	SERVICES	FOR	${ t ALL}$	BLIND
---------	----	----------	-----	------------	-------

					MON'	GE	
829 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	11	26 \$	964.43	\$ 37.09	.031 \$	87.68	\$ 1.16
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.002	47.45	.11
EYE APPLIANCES	10	24	869.53	36.23	.029	86.95	1.05
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	5	10 \$	167.20	\$ 16.72	.012 \$	33.44	\$ .20
VISITS	5	10	167.20	16.72	.012	33.44	.20
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	14	28 \$	596.75	\$ 21.31	.034 \$	42.63	\$ .72
MEDICINE/INJECTIONS	8	20	435.80	21.79	.024	54.48	.53
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	7	8	160.95	20.12	.010	22.99	.19
@HOME HEALTH AGENCY	23	1,415 \$	42,820.45	\$ 30.26	1.707 \$	1861.76	\$ 51.65
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$		\$ .00
FAMILY NURSE PRACTITIONER	13	35 \$	405.57	\$ 11.59	.042 \$	31.20	\$ .49
@TOTAL HOSPITAL	112	479 \$	154,200.71	\$ 321.92	.578 \$	1376.79	\$ 186.01
HOSP INPATIENT TOTAL	24	87	142,589.36	1638.96	.105	5941.22	172.00
HSC HOSPITALS	1	4	4,824.00	1206.00	.005	4824.00	5.82
NON-HSC HOSPITAL TOTAL	18	61	133,621.36	2190.51	.074	7423.41	161.18
ACCOMMODATIONS	18	61	26,204.40	429.58	.074	1455.80	31.61
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	61	26,204.40	429.58	.074	1455.80	31.61
ANCILLARIES	18	0	107,416.96	429.58 .00 188.36	.000	5967.61	129.57
INPATIENT CROSSOVERS	5	22	4,144.00	188.36	.027	828.80	5.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	98	392	11,611.35	29.62	.473	118.48	14.01
MEDICAL	32	42	2,462.45	58.63	.051	76.95	2.97
SURGERY	11	15	1,155.57	77.04	.018	105.05	1.39
PATHOLOGY	40	142	1,656.32	11.66	.171	41.41	2.00
RADIOLOGY	30	45	2,310.09	51.34	.054	77.00	2.79
ROOM USE	32	49	2,580.70	52.67	.059	80.65	3.11
CROSSOVERS/ALL OTH OUTPTNT	30	99	1,446.22	14.61	.119	48.21	1.74
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .000 .00 PAGE 18,463

.00

01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024	FEE-FOR-SERVICE										01/29/04
YUBA COUNTY	SUMMARY OF SERV	VICES FOR ALL BLI	ND								
							M	ONT	HLY AVERA	GE	
829 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	112	479	\$	154,200.71	\$		578	Ś	1376.79	Ś	186.01
COMM HOSP INPATIENT TOTAL	24	87	Y	142,589.36	٧	1638.96	.105	Y	5941.22	Y	172.00
HSC HOSPITALS	1	4		4,824.00		1206.00	.005		4824.00		5.82
NON-HSC HOSPITALS TOTAL	18	61		133,621.36		2190.51	.074		7423.41		161.18
ACCOMMODATIONS	18	61		26,204.40		429.58	.074		1455.80		31.61
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	18	61		26,204.40		429.58	.074		1455.80		31.61
ANCILLARIES	18	0		107,416.96		.00	.000		5967.61		129.57
INPATIENT CROSSOVERS	5	22		4,144.00		188.36	.027		828.80		5.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	98	392		11,611.35		29.62	.473		118.48		14.01
	32	42							76.95		
MEDICAL				2,462.45		58.63	.051				2.97
SURGERY	11	15		1,155.57		77.04	.018		105.05		1.39
PATHOLOGY	40	142		1,656.32		11.66	.171		41.41		2.00
RADIOLOGY	30	45		2,310.09		51.34	.054		77.00		2.79
ROOM USE	32	49		2,580.70		52.67	.059		80.65		3.11
CROSSOVERS/ALL OTH OUTPTNT	30	99		1,446.22		14.61	.119		48.21		1.74
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	•	.00	•	.00	.000		.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	6	159	\$	17,820.49	Ċ	112.08	.192	\$	2970.08	Ġ	21.50
LEV A-INTERMEDIATE	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
	0	0									
LEV B-REHAB MD	U			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	6	159		17,820.49		112.08	.192		2970.08		21.50
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	42	1,147	\$	67,776.32	\$	59.09	1.384	\$	1613.72	Ś	81.76
HOSPITAL BASED	0	1,11,	Y	.00	٧	.00	.000	٧	.00	Y	.00
HEMODIALYSIS CENTER	42	1,147		67,776.32		59.09	1.384		1613.72		81.76
	0	•	4		4			4		4	
@REHABILITATION FACILITY	_	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	54	269	\$	3,296.37	\$	12.25	.324	\$	61.04	\$	3.98
PATHOLOGY	54	269		3,296.37		12.25	.324		61.04		3.98
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	169	275	\$	18,185.58	\$	66.13	.332	\$	107.61	\$	21.94
CLINIC	2	6	•	208.84	•	34.81	.007		104.42	•	.25
SURGICENTER	3	5		306.55		61.31	.006		102.18		.37
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	•	•									
	168	264		17,670.19			.318	550	105.18	_	21.32
#CALIF DEPT OF HEALTH SERV			±5 1	MONTH-OF-PAYMENT RI	EPOR	T FOR JAN A	2003 THRU	DEC	2003	F	PAGE 18,464
MOP024	FEE-FOR-SERVICE										01/29/04
YUBA COUNTY	SUMMARY OF SERV	VICES FOR ALL BLII	ND								
							M	ONT	HLY AVERA	GE	
829 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	172	11,003	\$	45,119.42	\$	4.10	13.273	\$	262.32	\$	54.43
		•		•							

DURABLE MED. EQUIP.	17	73	5,040.75	69.05	.088	296.51	6.08
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	13	1,940.91	149.30	.016	323.49	2.34
MEDICAL TRANSPORTATION	58	5,136	22,238.31	4.33	6.195	383.42	26.83
AMBULANCES/AIR TRANS	24	111	2,722.07	24.52	.134	113.42	3.28
OTHER TRANS	28	4,937	19,285.55	3.91	5.955	688.77	23.26
OTHER SERVICES	7	88	230.69	2.62	.106	32.96	.28
ACUPUNCTURE	1	2	24.34	12.17	.002	24.34	.03
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	22	85	7,200.57	84.71	.103	327.30	8.69
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	36	478.77	13.30	.043	39.90	.58
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	29	3,818.24	131.66	.035	636.37	4.61

PROSTHETICS	6	29	3,818.24	131.66	.035	636.37	4.61
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6	189.65	31.61	.007	63.22	.23
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	13	416	1,422.79	3.42	.502	109.45	1.72
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	50	5,207	2,765.09	.53	6.281	55.30	3.34
@CALIF. CHILDREN SERVICES*	13	356	\$ 17,379.06	\$ 48.82	.429	\$ 1336.85	\$ 20.96
@XOVER EXCLUDING STATE HOSP**	135	602	\$ 31,367.51	\$ 52.11	.726	\$ 232.35	\$ 37.84

 $<sup>@^{\</sup>star}$  Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

YUBA COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

01/29/04 ----- MONTHLY AVERAGE -----

PAGE 18,465

IOBA COUNTI	SUMMAKI OF SEK	VICES FOR ADD DISABLED			MON'	THIV AVERA	GE
43,070 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
13,070 ELICIBLE	ODLIND	OR DAYS OF CARE	DAI BINDI I OREB	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	34,411	793,046 \$	28,184,113.69	\$ 35.54	18.413 \$		\$ 654.38
@PHYSICIANS SERVICES	9,723	37,283 \$		\$ 35.49	.866 \$		
OUTPATIENT VISITS	3,662	4,913	172,148.12	35.04	.114	47.01	4.00
OFFICE VISITS	3,239	4,310	143,619.09	33.32	.100	44.34	3.33
HOME VISITS	15	21	1,310.50	62.40	.000	87.37	.03
EMERGENCY ROOM	190	242	15,069.83	62.27	.006	79.31	.35
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	31	13CR	2,217.30	170.56CR		71.53	.05
OTHER OUTPATIENT	296	353	9,931.40	28.13	.008	33.55	.23
INPATIENT VISITS	555	3,009	171,656.18	57.05	.070	309.29	3.99
HOSPITAL VISITS	492	2,471	112,415.61	45.49	.057	228.49	2.61
CRITICAL CARE	76	396	54,228.87	136.94	.009	713.54	1.26
SNF/ICF/TRANS IP CARE	63	142	5,011.70	35.29	.003	79.55	.12
OPHTHALMOLOGICAL SERVICES	248	310	12,597.73	40.64	.007	50.80	.29
EXAMINATIONS	241	303	12,457.73	41.11	.007	51.69	.29
SERVICES AND MATERIALS	7	7	140.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	408	2,334	227,805.09	97.60	.054	558.35	5.29
PRINCIPAL SURGEON	309	496	178,202.19	359.28	.012	576.71	4.14
ASSISTANT SURGEON	37	37	7,686.97	207.76	.001	207.76	.18
ANESTHESIOLOGIST	159	1,801	41,915.93	23.27	.042	263.62	.97
OUTPATIENT SURGERY	580	1,629	140,266.49	86.11	.038	241.84	3.26
PRINCIPAL SURGEON	462	597	114,980.98	192.60	.014	248.88	2.67
ASSISTANT SURGEON	17	18	2,084.01	115.78	.000	122.59	.05
ANESTHESIOLOGIST	158	1,014	23,201.50	22.88	.024	146.84	.54
DIALYSIS	84	234	23,502.87	100.44	.005	279.80	.55
PATHOLOGY	373	793	14,882.49	18.77	.018	39.90	.35
RADIOLOGY	2,892	5,946	231,251.79	38.89	.138	79.96	5.37
PSYCHIATRY	4	6	251.72	41.95	.000	62.93	.01
IMMUNIZATION AND INJECTION	204	1,596	23,948.59	15.01	.037	117.40	.56
OTHER SERVICES/ALL X-OVERS	4,678	16,513	304,902.07	18.46	.383	65.18	7.08
@PHARMACY	28,342	304,413 \$		\$ 43.88	7.068 \$		
PRESCRIPTION DRUGS	28,028	125,469	12,923,564.58	103.00	2.913	461.09	300.06
SNF/ICF	294	2,454	150,510.20	61.33	.057	511.94	3.49
OUTPATIENTS	27,767	123,015	12,773,054.38	103.83	2.856	460.01	296.56
MEDICAL SUPPLIES	2,864	178,944	433,607.00	2.42	4.155	151.40	10.07
@DENTIST	2,071	8,837 \$	432,121.40	\$ 48.90	.205 \$		
VISITS - DIAGNOSTIC	1,262	4,968	66,948.95	13.48	.115	53.05	1.55
ORAL SURGERY	327	1,036	50,480.25	48.73	.024	154.37	1.17

DRUGS	9	11		170.00	15	. 45	.000	18.89		.00
ANESTHESIA	12	12		1,200.00	100		.000	100.00		.03
PERIODONTICS	128	147		22,709.00	154		.003	177.41		.53
ENDODONTICS	143	220		44,288.00	201		.005	309.71		1.03
RESTORATIVE DENTISTRY	629	1,600		135,574.70	84		.037	215.54		3.15
	16									
PROSTHETICS		16		430.00	26		.000	26.88		.01
DENTURES, STAYPLATES	253	670		102,422.90	152		.016	404.83		2.38
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	7	7		1,302.60	186		.000	186.09		.03
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	39	48		6,220.00	129		.001	159.49		.14
ALL OTHER SERVICES	33	102		375.00	3	.68	.002	11.36		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	RES MO	ONTH-OF-PAYMENT RE	EPORT FOR	JAN :	2003 THRU D	EC 2003	F	AGE 18,466
MOP024	FEE-FOR-SERVIC	E/DENTAL								01/29/04
YUBA COUNTY	SUMMARY OF SER	VICES FOR ALL DIS	SABLEI							
							MO	NTHLY AVER	AGE	
43,070 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE	COST	UNITS/DAYS			COST PER
10,0.0 22101222	05212	OR DAYS OF CARE					PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	1,163	3,432	.\$	71,995.96		.98	.080			1.67
DIAGNOSTIC AND ANC. PROCED	5.00	569	Y	24,414.27		.91	.013	46.24	Y	.57
EYE APPLIANCES	528 973	2,748		45,251.04		. 91 . 47	.064	46.51		1.05
	9/3									
OTHER OPTOMETRIC SERVICES	77 323	115	4	2,330.65		. 27	.003	30.27		.05
@CHIROPRACTOR	323	801	\$	- ,	\$ 16		.019		Ş	.30
VISITS	298	753		12,494.02		.59	.017	41.93		.29
OTHER SERVICES	323 298 25 264 51 1 3 212	48		523.60		.91	.001	20.94		.01
@PODIATRIST	264	416	\$	6,253.92		.03	.010		\$	.15
MEDICINE/INJECTIONS	51	57		1,497.64		. 27	.001	29.37		.03
SURGERY/ANES.	1	1		32.02	32	.02	.000	32.02		.00
RADIO./PATHOLOGY	3	5		86.50	17	.30	.000	28.83		.00
OTHER	212	353		4,637.76	13	.14	.008	21.88		.11
@HOME HEALTH AGENCY	180	1,655	Ġ	87,233.99	\$ 52	.71	.038	\$ 484.63	\$	2.03
NURSE ANESTHESIST	19	214	Š	1,678.91		.85		\$ 88.36	\$	.04
NURSE MIDWIFE	2	4	Š	907.14	\$ 226			\$ 453.57	Š	.02
PEDIATRIC NURSE PRACTITIONER		0	Š	.00		.00	.000			.00
FAMILY NURSE PRACTITIONER	1,120	2,770	Ģ.	40,445.67	\$ 14			\$ 36.11	\$	.94
@TOTAL HOSPITAL	5,945	36,063	ب ب		\$ 223			\$ 1355.53		187.10
	832	4,945	Ą		1423			8463.04	Ą	163.48
HOSP INPATIENT TOTAL				7,041,248.45			.115			
HSC HOSPITALS	118	1,135		1,543,716.90	1360		.026	13082.35		35.84
NON-HSC HOSPITAL TOTAL	484	2,883		5,313,711.69	1843		.067	10978.74		123.37
ACCOMMODATIONS	481 35	2,883		1,272,705.35	441		.067	2645.96		29.55
ADMINISTRATIVE DAYS		415		94,256.84	227		.010	2693.05		2.19
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	469	2,468		1,178,448.51	477		.057	2512.68		27.36
ANCILLARIES	484	0		4,041,006.34		.00	.000	8349.19		93.82
INPATIENT CROSSOVERS	241	927		183,819.86	198		.022	762.74		4.27
ALL OTHER INPATIENT		0		.00		.00	.000	.00		.00
		21 110		1 01 0 0 10			.000	100 54		

32.69

49.68

48.00

11.87

74.73

40.96

33.57

221.81

1149.23

1149.23

.00

.00

.00

.00

1,017,348.19

165,438.08

138,017.68

253,637.82

134,927.44

300,705.10

17,301.41

14,940.00

14,940.00

.00

.00

.00

.00

24,622.07

.722

.077

.012

.270

.079

.076

.208

.000

.000

.000

.000

.000

.000

.002 \$

183.74

94.97

57.39

61.92

64.99

118.30

120.77

910.60

3735.00

3735.00

.00

.00

.00

.00

23.62

3.84

3.20

5.89

3.13

6.98

.40

.35

.35

.00

.00

.00

.00

.57

5,537

1,742

2,229

2,144

2,076

2,490

19

4

0

0

0

429

31,118

11,629

3,394

3,294

8,958

78

13

13

0

0

0

3,330

513

HOSP OUTPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	16	65	2,361.41	36.33	.002	147.59	.05
MEDICAL	3	4	158.42	39.61	.000	52.81	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	21	285.97	13.62	.000	35.75	.01
RADIOLOGY	6	8	1,118.84	139.86	.000	186.47	.03
ROOM USE	6	8	310.37	38.80	.000	51.73	.01
CROSSOVERS/ALL OTH OUTPTNT	11	24	487.81	20.33	.001	44.35	.01
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES					PAGE 18,467
MOP024	FEE-FOR-SERVICE			LI OILI I OIL OILL	1005 IIIIO DE	2003	01/29/04
YUBA COUNTY		VICES FOR ALL DISAB	(ED				01/25/01
10211 0001111	001111111111111111111111111111111111111				MON	THLY AVERA	GE
43,070 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
•		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,935	35,985 \$	8,041,295.23	\$ 223.46		1354.89	\$ 186.70
COMM HOSP INPATIENT TOTAL	828	4,932	7,026,308.45	1424.64	.115	8485.88	163.14
HSC HOSPITALS	114	1,122	1,528,776.90	1362.55	.026	13410.32	35.50
NON-HSC HOSPITALS TOTAL	484	2,883	5,313,711.69	1843.12	.067	10978.74	123.37
ACCOMMODATIONS	481 35	2,883	1,272,705.35	441.45	.067	2645.96	29.55
ADMINISTRATIVE DAYS	35	415	94,256.84	227.12	.010	2693.05	2.19
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	469	2,468	1,178,448.51	477.49	.057	2512.68	27.36
ANCILLARIES	484	. 0	4,041,006.34	.00	.000	8349.19	93.82
INPATIENT CROSSOVERS	241	927	183,819.86	198.30	.022	762.74	4.27
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,528	31,053	1,014,986.78	32.69	.721	183.61	23.57
MEDICAL	1,739	3,326	165,279.66	49.69	.077	95.04	3.84
SURGERY	429	513	24,622.07	48.00	.012	57.39	.57
PATHOLOGY	2,224 2,140 2,073	11,608	137,731.71	11.87	.270	61.93	3.20
RADIOLOGY	2,140	3,386	252,518.98	74.58	.079	118.00	5.86
ROOM USE	2,073	3,286	134,617.07	40.97	.076	64.94	3.13
CROSSOVERS/ALL OTH OUTPTNT	•	8,934	300,217.29	33.60	.207	120.86	6.97
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$		
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	284	7,124 \$		\$ 163.66	.165 \$		
LEV A-INTERMEDIATE	0	, 0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	31	3,260.83	105.19	.001	3260.83	.08
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	17	592	336,658.44	568.68	.014	19803.44	7.82
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	268	6,501	825,990.23	127.06	.151	3082.05	19.18
		1,500	0.60 410 04	+ 150 00	000	4000 00	+ 600

@INTERMEDIATE CARE FACIL.-DD

ICF DDH

ICF DDN/DDCN
@HEMODIALYSIS TOTAL

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

CLINIC

@LABORATORY FACILITY

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

@ORGANIZED OUTPATIENT CLINIC

ICF DD

54

18

0

36

0

248

248

22

17

25

186

2,690

2,665

10,550

5

1,688

1,095

9,268

9,268

14,907

14,872

20,094

593

0

0

51

46

35

816

5

\$

268,419.04

189,045.05

396,439.95

396,439.95

173,004.36

172,636.31

19,291.82

1,343,398.82

2,075.12

1,941.87

133.25

368.05

79,373.99

.00

.00

\$

\$

\$

159.02

133.85

172.64

42.78

42.78

40.69

42.21

26.65

11.61

11.61

10.52

66.86

23.64

.00

.00

.039 \$ 4970.72 \$

.215 \$ 1598.55

4409.67

5251.25

1598.55

114.23

26.65

64.31

64.78

14.72

103.72

127.34 \$

.00

.00

94.32 \$

.014

.000

.025

.000

.215

.001

.000

.346

.345

.001

.019

.467 \$

.001 \$

6.23

1.84

4.39

9.20

9.20

.00

.05

.05

.00

4.02

4.01

31.19

.01

.45

.00

SURGICENTER	139	507	22,811.28	44.99	.012	164.11	.53
HEROIN DETOX CLINIC	10	145	1,709.02	11.79	.003	170.90	.04
RURAL HEALTH CLINIC	10,313	18,626	1,299,586.70	69.77	.432	126.01	30.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 18,468
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
YUBA COUNTY	SUMMARY OF SERVICES	FOR ALL DISABI	LED				

IODA COUNTI	DOMMAKI OF DEKVIC	ES LOK ALL DISABL	עמ				
					MO	NTHLY AVERA	GE
43,070 ELIGIBLES		NITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	7,022	344,026 \$	1,442,230.93	\$ 4.19	7.988		
DURABLE MED. EQUIP.	802	2,318	308,928.16	133.27	.054	385.20	7.17
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	113	135	21,715.39	160.85	.003	192.17	.50
MEDICAL TRANSPORTATION	1,234	30,125	256,304.95	8.51	.699	207.70	5.95
AMBULANCES/AIR TRANS	975	7,259	137,139.77	18.89	.169	140.66	3.18
OTHER TRANS	194	21,983	93,882.57	4.27	.510	483.93	2.18
OTHER SERVICES	103	883	25,282.61	28.63	.021	245.46	.59
ACUPUNCTURE	16	27	481.18	17.82	.001	30.07	.01
ADULT DAY HEALTH CARE CTR	3	17	1,179.41	69.38	.000	393.14	.03
GENETIC DISEASE TESTING	8	8	840.00	105.00	.000	105.00	.02
IHMC, MODEL-NF, NF, AIDS, MSSP	336	10,975	404,112.26	36.82	.255	1202.72	9.38
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,084	2,440	29,561.86	12.12	.057	27.27	.69
PHYSICAL THERAPIST	51	262	3,825.54	14.60	.006	75.01	.09
PORTABLE X-RAY	11	25	469.21	18.77	.001	42.66	.01
PROSTHETIST/ORTHOTISTS	217	514	47,026.92	91.49	.012	216.71	1.09
PROSTHETICS	216	512	46,874.42	91.55	.012	217.01	1.09
ORTHOTICS	2	2	152.50	76.25	.000	76.25	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	234	741	30,211.28	40.77	.017	129.11	.70
HOSPICE SERVICES	13	351	41,818.49	119.14	.008	3216.81	.97
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,101	26,002	107,726.39	4.14	.604	97.84	2.50
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2,543	270,086	188,029.89	.70	6.271	73.94	4.37
@CALIF. CHILDREN SERVICES*	425	5,676 \$	1,735,055.97	\$ 305.68	.132	\$ 4082.48	\$ 40.28
@XOVER EXCLUDING STATE HOSP**	5,718	51,816 \$	831,640.29	\$ 16.05	1.203	\$ 145.44	\$ 19.31
@* TOTALS IN THESE LINES ARE	CIVEN AC A CEDARAT	E INFORMATION ITEM	ONT.V:				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,469 MOP024 FEE-FOR-SERVICE/DENTAL YUBA COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

1021 0001111	DOIMMET OF DEED	VIOLO I OIL TIME ITHIEFED					
					MOI	NTHLY AVERA	GE
137,979 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	66,489	324,810 \$	18,665,112.29	\$ 57.46	2.354	\$ 280.72	\$ 135.28
@PHYSICIANS SERVICES	13,717	41,425 \$	1,668,002.26	\$ 40.27	.300	\$ 121.60	\$ 12.09
OUTPATIENT VISITS	7,051	7,720	323,802.10	41.94	.056	45.92	2.35
OFFICE VISITS	5,922	6,415	230,284.81	35.90	.046	38.89	1.67
HOME VISITS	11	14	821.32	58.67	.000	74.67	.01
EMERGENCY ROOM	454	501	25,595.31	51.09	.004	56.38	.19
PREVENTIVE CARE	3	3	137.55	45.85	.000	45.85	.00
OB VISITS/COMPRE PERI	584	566	60,554.03	106.99	.004	103.69	.44
OTHER OUTPATIENT	203	221	6,409.08	29.00	.002	31.57	.05
INPATIENT VISITS	711	2,518	178,274.03	70.80	.018	250.74	1.29
HOSPITAL VISITS	664	1,819	83,172.92	45.72	.013	125.26	.60
CRITICAL CARE	89	699	95,101.11	136.05	.005	1068.55	.69

01/29/04

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	239	275	12,717.66	46.25	.002	53.21	.09
EXAMINATIONS	232	268	12,577.66	46.93	.002	54.21	.09
SERVICES AND MATERIALS	7	7	140.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	957	4,355	495,855.87	113.86	.032	518.14	3.59
PRINCIPAL SURGEON	561	662	388,720.31	587.19	.005	692.91	2.82
ASSISTANT SURGEON	118	119	20,193.34	169.69	.001	171.13	.15
ANESTHESIOLOGIST	465	3,574	86,942.22	24.33	.026	186.97	.63
OUTPATIENT SURGERY	1,087	3,309	196,522.31	59.39	.024	180.79	1.42
PRINCIPAL SURGEON	811	1,035	146,666.42	141.71	.008	180.85	1.06
ASSISTANT SURGEON	17	17	1,693.18	99.60	.000	99.60	.01
ANESTHESIOLOGIST	369	2,257	48,162.71	21.34	.016	130.52	.35
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	628	819	10,357.48	12.65	.006	16.49	.08
RADIOLOGY	5,083	7,724	256,194.92	33.17	.056	50.40	1.86
PSYCHIATRY	12	13	509.36	39.18	.000	42.45	.00

IMMUNIZATION AND INJECTION	288	567		15,863.08		27.98	.004	55.08		.11
OTHER SERVICES/ALL X-OVERS	2,346	14,125		177,905.45		12.60	.102	75.83		1.29
@PHARMACY	32,828	82,744	\$	4,591,288.08	\$	55.49	.600	\$ 139.86	\$	33.28
PRESCRIPTION DRUGS	32,627	79,323		3,993,657.63		50.35	.575	122.40		28.94
SNF/ICF	5	12		539.55		44.96	.000	107.91		.00
OUTPATIENTS	32,623	79,311		3,993,118.08		50.35	.575	122.40		28.94
MEDICAL SUPPLIES	743	3,421		597,630.45		174.69	.025	804.35		4.33
@DENTIST	6,703	31,987	\$	1,124,426.56	\$	35.15	.232	\$ 167.75	\$	8.15
VISITS - DIAGNOSTIC	4,596	19,984	·	301,854.17	•	15.10	.145	65.68	•	2.19
ORAL SURGERY	1,023	2,258		122,249.95		54.14	.016	119.50		.89
DRUGS	131	152		3,010.00		19.80	.001	22.98		.02
ANESTHESIA	83	83		7,600.00		91.57	.001	91.57		.06
PERIODONTICS	123	136		20,411.00		150.08	.001	165.94		.15
ENDODONTICS	543	1,277		154,556.25		121.03	.009	284.63		1.12
SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS	2,417	6,958		424,075.85		60.95	.050	175.46		3.07
PROSTHETICS	11	. 11		290.00		26.36	.000	26.36		.00
DENTURES, STAYPLATES	107	392		43,060.25		109.85	.003	402.43		.31
SPACE MAINTAINERS	51	71		7,289.00		102.66	.001	142.92		.05
MAXILLOFACIAL SERVICES	17	17		910.09		53.53	.000	53.53		.01
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	1	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	353	443		37,245.00		84.07	.003	105.51		.27
ALL OTHER SERVICES	134	205		1,875.00		9.15	.001	13.99		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	ONTH-OF-PAYMENT R	EPOR'	T FOR JAN 2	2003 THRU D	DEC 2003	P	AGE 18,470
MOP024	FEE-FOR-SERVICE	/DENTAL								01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR ALL FA	MILIE	S						
							MC	ONTHLY AVERA	GE	
137,979 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS OF CAR	E		PE	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	1,622	4,363	\$	100,736.10	\$		.032		\$	.73
DIAGNOSTIC AND ANC. PROCED	1,146	1,175		53,724.67		45.72	.009	46.88		.39
EYE APPLIANCES	1,134	3,179		46,841.90		14.73	.023	41.31		.34
OTHER OPTOMETRIC SERVICES	8	9		169.53		18.84	.000	21.19		.00
@CHIROPRACTOR	370	723	\$	11,800.14	\$	16.32	.005		\$	.09
VISITS	369	721		11,766.70		16.32	.005	31.89		.09
OTHER SERVICES	1	2		33.44		16.72	.000	33.44		.00
@PODIATRIST	21	41	\$	2,246.31	\$	54.79	.000	\$ 106.97	\$	.02
MEDICINE/INJECTIONS	16	20		680.32		34.02	.000	42.52		.00
EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST	2	4		801.00		200.25	.000	400.50		.01
RADIO./PATHOLOGY	4	7		121.10		17.30	.000	30.28		.00
OTHER	6	10		643.89		64.39	.000	107.32		.00
@HOME HEALTH AGENCY	371	532	\$	27,295.47	\$	51.31	.004			.20
NURSE ANESTHESIST		129	\$	2,195.55	\$	17.02	.001			.02
NURSE MIDWIFE	93	189	\$	69,985.83	\$	370.30	.001			.51
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000			.00
FAMILY NURSE PRACTITIONER	1,835 10,809	4,269	\$	67,875.59	\$	15.90	.031		\$	.49
@TOTAL HOSPITAL	10,809	50,021	\$	6,961,195.96	\$	139.17	.363	\$ 644.02	\$	50.45
HOSP INPATIENT TOTAL	965	4,095		5,626,269.68		1373.94	.030	5830.33		40.78
HSC HOSPITALS	141	1,201		1,523,059.24		1268.16	.009	10801.84		11.04
NON-HSC HOSPITAL TOTAL	830	2,892		4,101,860.46		1418.35	.021	4942.00		29.73
ACCOMMODATIONS	829	2,892		1,129,981.71		390.73	.021	1363.07		8.19
ADMINISTRATIVE DAYS	3	46		10,253.40		222.90	.000	3417.80		.07
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	10,809 965 141 830 829 3 0 827 827	2,846		1,119,728.31		393.44	.021	1353.96		8.12
ANCILLARIES	829	0		2,971,878.75		.00	.000	3584.90		21.54
TNDATTENT CDOCCOVEDC	2	2		1 240 00		674 00	000	674 00		0.1

1,349.98

1,334,926.28

218,218.71 55,570.97

191,454.52

.00

674.99

.00

29.07

47.80

49.18

12.72

.000

.000

.333

.033

.008

.109

674.99

.00

129.04

64.41

58.93

47.54

.01

.00

9.67

1.58

1.39

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

2

10,345

3,388

4,027

943

0

45,926

4,565

1,130

15,049

REDICIONY ROOM USE CONSISTENT TOTAL S1751 17.949 314.868.42 39.61 0.58 54.75 2.28 CROSSOVERS/ALL OTH OUTPINT 3.776 11.293 237.470.65 21.03 0.82 62.89 1.72 CROSSOVERS/ALL OTH OUTPINT 3.776 11.293 237.470.65 21.03 0.82 62.89 1.72 CROSSOVERS/ALL OTH OUTPINT 3.776 11.293 237.470.65 21.03 0.82 62.89 1.72 CROSSOVERS/ALL OTH OUTPINT A.776 11.293 237.470.65 21.03 0.82 62.89 1.72 CROSSOVERS/ALL OTH OUTPINT A.776 11.293 237.470.65 21.03 0.82 62.89 1.72 CROSSOVERS/ALL OTH OUTPINT A.776 11.293 237.470.65 21.03 0.82 62.89 1.72 CROSSOVERS/ALL OTH OUTPINT A.776 11.293 237.470.65 21.03 0.82 62.89 1.72 CROSSOVERS/ALL OTH OUTPINT A.776 21.293 237.470.65 21.03 0.82 62.89 1.72 CROSSOVERS/ALL OTH OUTPINT A.776 21.19 CROSSOVERS/ALL OTH OUTPINT A.777 21.19 CROSSOVERS/ALL								
ROON USE	PADIOLOGY	4 424	5 940	317 343 01	53 42	043	71 73	2 30
COORSYONERS/ALL OTH OUTPINT								
CO HOSPITAL TOTAL   29			•	,				
COMMUNITY HORPITALS TOTAL   3   5   5,394.02   1078.80   0.00   1798.01   0.04								
HOST HOSPITALS			•	·	•	•		
NON-HSC HOSPITALS TOTAL		3						
ACCOMMODATIONS  ADMINISTRATIVE DAYS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		3						
ADMINISTRATIVE DAYS  0 0 0 0.00 .000 .000 .000 .000 .000  ALL OTHER ACCOM  ANCILLARIES  0 0 0 0.00 .000 .000 .000 .000 .000  INPATIENT CROSSOVERS  0 0 0 0.00 .000 .000 .000 .000 .000  INPATIENT CROSSOVERS  0 0 0 0 0.00 .000 .000 .000 .000  ALL OTHER INPATIENT  0 0 0 0 0.00 .000 .000 .000 .000  ALL OTHER INPATIENT  0 1 0 0 0 0.00 .000 .000 .000 .000  ALL OTHER INPATIENT  0 1 0 0 0 0.00 .000 .000 .000 .000  ALL OTHER INPATIENT  0 1 0 0 0 0.00 .000 .000 .000 .000  ALL OTHER INPATIENT  0 1 0 0 0 0.00 .000 .000 .000 .000  ALL OTHER INPATIENT  0 1 1		•						
TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
ALL OTHER ACCOM  ANCILLARIES  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0						
ALL OTHER INPATIENT COGSOVERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0						
COLORER INPATIENT		0						
CO HOSP OUTPATIENT TOTAL		•	· ·					
MEDICAL   7		-	_					
SURGERY   8				,				
PATHOLOGY 12 53 950.65 17.94 .000 79.22 .01 RADIOLOGY 3 11 483.21 43.93 .000 161.07 .00 ROM USE 15 25 1.118.54 44.74 .000 74.57 .01 CROSSOVERS/ALL OTH OUTPINT 1.7 23 1.296.11 39.28 .000 76.24 .01 RADIOLOGY 8.25 .01 REPLACE SERVICE/S AND EXPRIDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18.471 .000 .00		-/						
RADIOLOGY ROOM USE 15 25 1,118.54 44.74 .000 74.57 .010 CROSSOVERS/ALL OTH OUTFINT TO 33 1,296.11 39.28 .000 76.24  CROSSOVERS/ALL OTH OUTFINT MOPD24 PEF-FOR-SERVICE'S AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THU DEC 2003 76.24  FEF-FOR-SERVICE'S AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THU DEC 2003 76.24  FEF-FOR-SERVICE'S CROSSOVERS/ALL FAMILIES  SUMMARY OF SERVICE'S CROSSOVERS/ALL FAMILIES  137,979 ELIGIBLES SUMMARY OF SERVICE'S CROSSOVERS/ALL FAMILIES  OR DAYS OF CARE OR DAYS		8						
ROOM USE								
CROSSOVERS/ALL OTH OUTPINK   17   33   1,296.11   39.28   .000   76.24   .01		-						
HCALIF DEPT OF HEALTH SERV   MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003   PAGE 18,471   01/29/04   137,979   ELIGIBLES   USER   UNITS OF SERVICES FOR   ALL FAMILIES   SUMMARY OF SERVICES FOR   ALL FAMILIES   SUMMARY OF SERVICES FOR   ALL FAMILIES   SUMMARY OF SERVICES FOR DAYS OF CARE   EXPENDITURES   AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG USER   USER   USER   COMMUNITY HOSPITAL TOTAL   10,783   49,874   8 6,951,194.39   \$139.38   .361   \$644.64   \$5.08   \$0.00								
MODQ24								
TUBA COUNTY   SUMMARY OF SERVICES FOR   ALL FAMILIES   SUMMARY OF SERVICE   OR DAYS				TH-OF-PAYMENT R	EPORT FOR JAN 2	1003 THRU DEC	2003	
137,979 ELIGIBLES								01/29/04
137,979	YUBA COUNTY	SUMMARY OF SER	VICES FOR ALL FAMILIES					
OR DAYS OF CARE   PER UNIT/DAY PER ELIG   USER   ELIGIBLE	4.5 .5							-
## COMMINITY HOSPITAL TOTAL 10,783	137,979 ELIGIBLES	USERS		EXPENDITURES				
COMM HOSP INPATIENT TOTAL   962   4,090   5,620,875.66   1374.30   .030   5842.91   40.74								
HSC HOSPITALS		,	•		•	•		•
NON-HSC HOSPITALS TOTAL   830   2,892   4,101,860.46   1418.35   .021   4942.00   29.73     ACCOMMODATIONS   829   2,892   1,129,981.71   390.73   .021   1363.07   8.19     ADMINISTRATIVE DAYS   3   46   10,253.40   222.90   .000   3417.80   .07     TRANSITIONAL IP CARE   0   0   0   .00   .00   .000   .00   .00     ALL OTHER ACCOM   827   2,846   1,119,728.31   393.44   .021   1353.96   8.12     ANCILLARIES   829   0   2,971,878.75   .00   .000   .3584.90   21.54     INPATIENT CROSSOVERS   2   2   1,349.98   674.99   .000   674.99   .01     ALL OTHER INPATIENT   0   0   0   .00   .000   .000   .00   .00     COMM HOSP OUTPATIENT TOTAL   10,321   45,784   1,330,318.73   29.06   .332   128.89   9.64     MEDICAL   3,381   4,554   217,672.84   47.80   .033   64.38   1.58     SURGERY   935   1,121   55,357.80   49.38   .008   59.21   .40     PATHOLOGY   4,016   14,996   190,503.87   12.70   .109   47.44   1.38     RADIOLOGY   4,421   5,929   316,859.80   53.44   .043   71.67   2.30     ROM USE   5,737   7,924   313,749.88   39.59   .057   54.69   2.27     CROSSOVERS/ALL OTH OUTPTNT   3,759   11,260   236,174.54   20.97   .082   62.83   1.71     SSTATE HOSPITAL   0   0   0   236,174.54   20.97   .082   62.83   1.71     SSTATE HOSPITAL   0   0   0   236,174.54   20.97   .082   62.83   1.71     SSTATE HOSPITAL   0   0   0   0   0   0   0   0     EVELOP. DISABLED   0   0   0   0   0   0   0   0     EVELOP. DISABLED   0   0   0   0   0   0   0   0     EVELOP. DISABLED   0   0   0   0   0   0   0   0     EVEL B-SUBACUTE FREESTANDING   0   0   0   0   0   0   0   0    LEV B-SUBACUTE FREESTANDING   0   0   0   0   0   0   0   0   0			•					
ACCOMMODATIONS 829 2,892 1,129,981.71 390.73 .021 1363.07 8.19 ADMINISTRATIVE DAYS 3 46 10,253.40 222.90 .000 3417.80 .07 TRANSITIONAL IP CARE 0 0 .00 .00 .000 .000 .00 .00 ALL OTHER ACCOM 827 2,846 1,119,728.31 393.44 .021 1353.96 8.12 ANCILLARIES 829 0 2,71,878.75 .00 .000 .584.90 .21.54 INPATIENT CROSSOVERS 2 2 2 1,349.98 674.99 .000 674.99 .01 ALL OTHER INPATIENT 0 0 .00 .00 .000 .000 .000 .000 COMM HOSP OUTPATIENT TOTAL 10,321 45,784 1,330,318.73 29.06 .332 128.89 9.64 MEDICAL 3,381 4,554 217,672.84 47.80 .033 664.38 1.58 SURGERY 935 1,121 55,357.80 49.38 .008 59.21 .40 PATHOLOGY 4,016 14,996 190,503.87 12.70 .109 47.44 1.38 RADIOLOGY 4,421 5,929 316,859.80 53.44 .043 71.67 2.30 ROOM USE 5,737 7,924 313,749.88 39.59 .057 54.69 2.27 CROSSOVERS/ALL OTH OUTPTNT 3,759 11,260 236,174.54 20.97 .082 62.83 1.71  @STATE HOSPITAL 0 0 0 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00  MENTALLY ILL 0 0 0 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00  @NURSING FACILITY 0 0 0 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00  @NURSING FACILITY 0 0 0 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00  EVEV B-SUBACUTE FREESTANDING 0 0 0 .00 .00 .00 .00 .00  LEV B-SUBACUTE FREESTANDING 0 0 0 .00 .00 .00 .00 .00 .00			•	·				
ADMINISTRATIVE DAYS ADMINISTRATIVE DAYS ATRANSITIONAL IP CARE O O O O O O O O O O O O O O O O O O O			•	·				
TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			•					
ALL OTHER ACCOM 827 2,846 1,119,728.31 393.44 .021 1353.96 8.12 ANCILLARIES 829 0 2,971,878.75 .00 .000 3584.90 21.54 INPATIENT CROSSOVERS 2 2 2 1,349.98 674.99 .000 674.99 .01 ALL OTHER INPATIENT 0 0 0 .00 .00 .000 .000 .00 .00 .00 .0								
ANCILLARIES 829 0 2,971,878.75 .00 .000 3584.90 21.54 INPATIENT CROSSOVERS 2 1,349.98 674.99 .000 674.99 .01 ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0								
INPATIENT CROSSOVERS   2			•					
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ANCILLARIES			2,971,878.75		.000		
COMM HOSP OUTPATIENT TOTAL 10,321 45,784 1,330,318.73 29.06 .332 128.89 9.64 MEDICAL 3,381 4,554 217,672.84 47.80 .033 64.38 1.58 SURGERY 935 1,121 55,357.80 49.38 .008 59.21 .40 PATHOLOGY 4,016 14,996 190,503.87 12.70 .109 47.44 1.38 RADIOLOGY 4,421 5,929 316,859.80 53.44 .043 71.67 2.30 ROOM USE 5,737 7,924 313,749.88 39.59 .057 54.69 2.27 CROSSOVERS/ALL OTH OUTPINT 3,759 11,260 236,174.54 20.97 .082 62.83 1.71 @STATE HOSPITAL 0 0 0 \$ .00 \$ .00 \$ .00 \$ .00 DEVELOP. DISABLED 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	INPATIENT CROSSOVERS							
MEDICAL         3,381         4,554         217,672.84         47.80         .033         64.38         1.58           SURGERY         935         1,121         55,357.80         49.38         .008         59.21         .40           PATHOLOGY         4,016         14,996         190,503.87         12.70         .109         47.44         1.38           RADIOLOGY         4,421         5,929         316,859.80         53.44         .043         71.67         2.30           ROOM USE         5,737         7,924         313,749.88         39.59         .057         54.69         2.27           CROSSOVERS/ALL OTH OUTPTNT         3,759         11,260         236,174.54         20.97         .082         62.83         1.71           @STATE HOSPITAL         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00 <td>ALL OTHER INPATIENT</td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	ALL OTHER INPATIENT	0	0		.00	.000	.00	.00
SURGERY         935         1,121         55,357.80         49.38         .008         59.21         .40           PATHOLOGY         4,016         14,996         190,503.87         12.70         .109         47.44         1.38           RADIOLOGY         4,421         5,929         316,859.80         53.44         .043         71.67         2.30           ROOM USE         5,737         7,924         313,749.88         39.59         .057         54.69         2.27           CROSSOVERS/ALL OTH OUTPTNT         3,759         11,260         236,174.54         20.97         .082         62.83         1.71           @STATE HOSPITAL         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00	COMM HOSP OUTPATIENT TOTAL			1,330,318.73				
PATHOLOGY 4,016 14,996 190,503.87 12.70 .109 47.44 1.38 RADIOLOGY 4,421 5,929 316,859.80 53.44 .043 71.67 2.30 ROOM USE 5,737 7,924 313,749.88 39.59 .057 54.69 2.27 CROSSOVERS/ALL OTH OUTPINT 3,759 11,260 236,174.54 20.97 .082 62.83 1.71  @STATE HOSPITAL 0 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00 MENTALLY ILL 0 0 0 .00 .00 .00 .00 .00 .00 DEVELOP. DISABLED 0 0 0 .00 .00 .00 .00 .00 @NURSING FACILITY 0 0 0 \$ .00 \$ .00 \$ .00  EV A-INTERMEDIATE 0 0 0 \$ .00 .00 .00 .00 .00 LEV B-REHAB MD 0 0 0 .00 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00	MEDICAL					.033		
RADIOLOGY 4,421 5,929 316,859.80 53.44 .043 71.67 2.30 ROOM USE 5,737 7,924 313,749.88 39.59 .057 54.69 2.27 CROSSOVERS/ALL OTH OUTPINT 3,759 11,260 236,174.54 20.97 .082 62.83 1.71 @STATE HOSPITAL 0 0 \$ .00 \$	SURGERY	935	1,121	55,357.80	49.38	.008	59.21	.40
ROOM USE         5,737         7,924         313,749.88         39.59         .057         54.69         2.27           CROSSOVERS/ALL OTH OUTPINT         3,759         11,260         236,174.54         20.97         .082         62.83         1.71           @STATE HOSPITAL         0         0         \$         .00         \$         .00         .000         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         <	PATHOLOGY	4,016	14,996	190,503.87	12.70	.109	47.44	1.38
CROSSOVERS/ALL OTH OUTPINT         3,759         11,260         236,174.54         20.97         .082         62.83         1.71           @STATE HOSPITAL         0         0         \$         .00         \$         .00         .00         \$         .00         \$         .00         \$         .00	RADIOLOGY	4,421	5,929	316,859.80	53.44	.043	71.67	2.30
@STATE HOSPITAL       0       0       \$       .00       \$       .00       .00       \$       .00         MENTALLY ILL       0       0       .00       .00       .00       .00       .00       .00         DEVELOP. DISABLED       0       0       .00       .00       .00       .00       .00       .00       .00         @NURSING FACILITY       0       0       \$       .00       \$       .00       .00       \$       .00         LEV A-INTERMEDIATE       0       0       .00       .00       .00       .00       .00       .00         LEV B-REHAB MD       0       0       .00       .00       .00       .00       .00       .00         LEV B-SUBACUTE FREESTANDING       0       .00       .00       .00       .00       .00       .00       .00	ROOM USE	5,737	7,924	313,749.88	39.59	.057	54.69	2.27
MENTALLY ILL         0         0         .0	CROSSOVERS/ALL OTH OUTPTNT	3,759	11,260	236,174.54	20.97	.082	62.83	1.71
DEVELOP. DISABLED       0       0       .00       .00       .00       .00       .00         @NURSING FACILITY       0       0       \$       .00       \$       .00       .00       \$       .00         LEV A-INTERMEDIATE       0       0       .00       .00       .00       .00       .00       .00       .00         LEV B-REHAB MD       0       0       .00       .00       .00       .00       .00       .00       .00         LEV B-SUBACUTE FREESTANDING       0       0       .00       .00       .00       .00       .00       .00	@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@NURSING FACILITY       0       0       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00       \$       .00	MENTALLY ILL	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE       0       0       .00       .00       .000       .00	DEVELOP. DISABLED		0		.00	.000		.00
LEV B-REHAB MD 0 0 .00 .00 .000 .000 .00 LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00	@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
LEV B-REHAB MD       0       0       .00	LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00		0	0					
		0	0		.00	.000	.00	
	LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00

0 0 0

0 0 7 \$

\$

.00

.00

.00

.00

.00

4,179.03

\$

\$

.000

.000

.000

.000

.000

.000 \$

.000 \$

.00

.00

.00

.00

.00

.00

597.00

.00

.00

.00

.00

.00

696.51 \$

.00 \$

.00

.00

.00

.00

.00

.00

.03

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

ICF DDH

ICF DD

0

0

0

0

0

HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	7	4,179.03	597.00	.000	696.51	.03
@REHABILITATION FACILITY	14	37 \$	1,920.83	\$ 51.91	.000 \$		\$ .01
HOSPITAL BASED	14	37	1,920.83	51.91	.000	137.20	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4,810	19,155 \$	269,902.62	\$ 14.09	.139 \$	56.11	\$ 1.96
PATHOLOGY	4,810	19,155	269,902.62	14.09	.139	56.11	1.96
XO AND OTHERS	, , ,	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	24,043	39,868 \$	3,134,980.43	\$ 78.63	.289 \$		
CLINIC	1,095	4,009	106,422.11	26.55	.029	97.19	.77
SURGICENTER	143	759	24,928.72	32.84	.006	174.33	.18
HEROIN DETOX CLINIC	9	122	1,295.42	10.62	.001	143.94	.01
	23,010	34,978	3,002,334.18	85.83	.254	130.48	21.76
RURAL HEALTH CLINIC							
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	MIH-OF-PAYMENT RI	SPORT FOR JAN 2	2003 THRU DEC	2 2003	PAGE 18,472
MOP024	FEE-FOR-SERVICE						01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR ALL FAMILIES					~-
4.5 .5					MON'		
137,979 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	10,021	49,320 \$	627,081.53	\$ 12.71	.357 \$		
DURABLE MED. EQUIP.	420	555	47,833.04	86.19	.004	113.89	.35
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	8	2,344.75	293.09	.000	293.09	.02
MEDICAL TRANSPORTATION	978	8,752	157,208.85	17.96	.063	160.75	1.14
BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	974	8,615	125,618.00	14.58	.062	128.97	.91
OTHER TRANS	3	116	217.13	1.87	.001	72.38	.00
OTHER SERVICES	21	21	31,373.72	1493.99	.000	1493.99	.23
ACUPUNCTURE	27	67	1,121.87	16.74	.000	41.55	.01
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	161	161	16,802.50	104.36	.001	104.36	.12
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0 1,262	0	.00	.00	.000	.00	.00
OPTICIAN	1,262	2,758	26,472.66	9.60	.020	20.98	.19
PHYSICAL THERAPIST	55	205	3,360.18	16.39	.001	61.09	.02
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	192	341	26,166.86	76.74	.002	136.29	.19
PROSTHETICS	185	333	25,466.41	76.48	.002	137.66	.18
ORTHOTICS	8	8	700.45	87.56	.000	87.56	.01
PSYCHOLOGIST	4	14	436.81	31.20	.000	109.20	.00
SPEECH AND AUDIOLOGY	205	414	20,912.63	50.51	.003	102.01	.15
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6,836	32,856	319,924.96	9.74	.238	46.80	2.32
EPSDT SUPPLEMENTAL SERVICE	0,030	52,650 n	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	-	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	U 01	3,189	4,496.42	1.41	.000	.00 55.51	.03
	0 81 344						
@CALIF. CHILDREN SERVICES*	344	3,082 \$	1,171,298.13	\$ 380.04	.022 \$	3404.94	\$ 8.49

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

117

@XOVER EXCLUDING STATE HOSP\*\*

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,473 MOP024 FEE-FOR-SERVICE/DENTAL 901/29/04 SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

13,865.35 \$

25.12

.004 \$

118.51 \$

.10

					MON	THLY AVERA	GE
6,187 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3,168	20,990	\$ 1,132,347.64	\$ 53.95	3.393 \$	357.43	\$ 183.02
@PHYSICIANS SERVICES	741	1,605	\$ 78,654.72	\$ 49.01	.259 \$	106.15	\$ 12.71

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	419	488		20,142.49		41.28	.079		48.07		3.26
OFFICE VISITS	340	384		13,746.22		35.80	.062		40.43		2.22
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	46	52		2,451.29		47.14	.008		53.29		.40
	0	0				.00					
PREVENTIVE CARE	-			.00			.000		.00		.00
OB VISITS/COMPRE PERI	32	38		3,490.41		91.85	.006		109.08		.56
OTHER OUTPATIENT	9	14		454.57		32.47	.002		50.51		.07
INPATIENT VISITS	66	246		15,761.08		64.07	.040		238.80		2.55
HOSPITAL VISITS	43	140		6,133.77		43.81	.023		142.65		.99
CRITICAL CARE	7	77		8,913.91		115.77	.012		1273.42		1.44
SNF/ICF/TRANS IP CARE	21	29		713.40		24.60	.005		33.97		.12
OPHTHALMOLOGICAL SERVICES	21	23		1,019.77		44.34	.004		48.56		.16
EXAMINATIONS	20	22		994.77		45.22	.004		49.74		.16
SERVICES AND MATERIALS	1	1		25.00		25.00	.000		25.00		.00
INPATIENT HOSPITAL SURGERY	37	143		19,767.74		138.24	.023		534.26		3.20
PRINCIPAL SURGEON	27	32		16,781.96		524.44	.005		621.55		2.71
ASSISTANT SURGEON	2	2		190.10		95.05	.000		95.05		.03
ANESTHESIOLOGIST	19	109		2,795.68		25.65	.018		147.14		.45
OUTPATIENT SURGERY	52	121		7,314.47		60.45	.020		140.66		1.18
PRINCIPAL SURGEON	42	55		5,567.73		101.23	.009		132.57		.90
ASSISTANT SURGEON	2	2		129.56		64.78	.000		64.78		.02
ANESTHESIOLOGIST	12	64		1,617.18		25.27	.010		134.77		.26
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	41	63		614.30		9.75	.010		14.98		.10
RADIOLOGY	218	343		9,140.86		26.65	.055		41.93		1.48
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	9	16		462.53		28.91	.003		51.39		.07
OTHER SERVICES/ALL X-OVERS	73	162		4,431.48		27.35	.026		60.71		.72
@PHARMACY	1,490	6,210	\$	185,157.71	\$	29.82	1.004	Ġ	124.27	Ś	29.93
PRESCRIPTION DRUGS	1,487	3,332	•	176,071.00	•	52.84	.539		118.41		28.46
SNF/ICF	34	252		16,436.23		65.22	.041		483.42		2.66
		3,080									
OUTPATIENTS	1,460			159,634.77		51.83	.498		109.34		25.80
MEDICAL SUPPLIES	43	2,878		9,086.71		3.16	.465		211.32		1.47
@DENTIST	356	1,658	\$	51,197.74	\$	30.88	.268	\$	143.81	\$	8.28
VISITS - DIAGNOSTIC	267	1,130		18,092.94		16.01	.183		67.76		2.92
ORAL SURGERY	36	70		5,194.00		74.20	.011		144.28		.84
DRUGS	9	13		285.00		21.92	.002		31.67		.05
ANESTHESIA	4	4		355.00		88.75	.001		88.75		.06
	2	2		255.00		127.50	.000		127.50		.04
PERIODONTICS											
ENDODONTICS	15	32		3,170.00		99.06	.005		211.33		.51
RESTORATIVE DENTISTRY	122	354		17,849.80		50.42	.057		146.31		2.89
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	2		900.00		450.00	.000		900.00		.15
SPACE MAINTAINERS	2	3		511.00		170.33	.000		255.50		.08
MAXILLOFACIAL SERVICES	1	1		50.00		50.00	.000		50.00		.01
FRACTURES, DISLOCATIONS	1	2		1,450.00		725.00	.000		1450.00		.23
	28	40									
ORTHODONTIC SERVICES				3,010.00		75.25	.006		107.50		. 49
ALL OTHER SERVICES	4	5		75.00		15.00	.001		18.75		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES I	MONTH-OF-PAYMENT RI	EPORT 1	FOR JAN 2	2003 THRU I	DEC	2003	PP	GE 18,474
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR ALL MEI	DICA	LLY INDIGENT							
							MO	тис	HIY AVERA	GE -	
6,187 ELIGIBLES	USERS	UNITS OF SERVICE	E.	EXPENDITURES	AMER	AGE COST	UNITS/DAYS	-		-	COST PER
O/IO/ DDICIDDD	OBLIES	OR DAYS OF CAR					PER ELIG		USER		LIGIBLE
@ODTOMETD I CT	74			4 007 67							-
@OPTOMETRIST		213	\$	4,807.67	\$	22.57	.034	Ą	64.97	Ą	.78
DIAGNOSTIC AND ANC. PROCED	56	56		2,586.12		46.18	.009		46.18		.42
EYE APPLIANCES	55	155		2,152.94		13.89	.025		39.14		.35
OTHER OPTOMETRIC SERVICES	2	2		68.61		34.31	.000		34.31		.01
@CHIROPRACTOR	6	8	\$	133.76	\$	16.72	.001	\$	22.29	\$	.02
VISITS	6	8		133.76		16.72	.001	•	22.29	•	.02
	· ·	9		155.70			.001		,		

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	4	5	\$ 265.93	\$ 53.19	.001	\$ 66.48	\$ .04
MEDICINE/INJECTIONS	3	3	121.17	40.39	.000	40.39	.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	2	144.76	72.38	.000	144.76	.02
@HOME HEALTH AGENCY	12	20	\$ 998.24	\$ 49.91	.003	\$ 83.19	\$ .16
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	15	133	\$ 4,832.21	\$ 36.33	.021	\$ 322.15	\$ .78
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	20	50	\$ 796.52	\$ 15.93	.008	\$ 39.83	\$ .13
@TOTAL HOSPITAL	518	2,477	\$ 481,811.59	\$ 194.51	.400	\$ 930.14	\$ 77.87
HOSP INPATIENT TOTAL	58	284	420,516.51	1480.69	.046	7250.28	67.97
HSC HOSPITALS	11	105	148,746.50	1416.63	.017	13522.41	24.04
NON-HSC HOSPITAL TOTAL	48	179	271,770.01	1518.27	.029	5661.88	43.93
ACCOMMODATIONS	48	179	85,787.34	479.26	.029	1787.24	13.87

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	-						
ALL OTHER ACCOM	48	179	85,787.34	479.26	.029	1787.24	13.87
ANCILLARIES	48	0	185,982.67	.00	.000	3874.64	30.06
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	_	~					
HOSP OUTPATIENT TOTAL	492	2,193	61,295.08	27.95	.354	124.58	9.91
MEDICAL	166	217	10,605.53	48.87	.035	63.89	1.71
SURGERY	56	60	2,720.84	45.35	.010	48.59	.44
PATHOLOGY	209	789	9,966.37	12.63	.128	47.69	1.61
	189						
RADIOLOGY		257	12,728.65	49.53	.042	67.35	2.06
ROOM USE	281	391	15,056.82	38.51	.063	53.58	2.43
CROSSOVERS/ALL OTH OUTPTNT	174	479	10,216.87	21.33	.077	58.72	1.65
@COUNTY HOSPITAL TOTAL	1	2 \$	99.04	\$ 49.52	.000		\$ .02
	0					.00	•
CO HOSPITAL INPATIENT TOTAL	U	0	.00	.00	.000		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0 0	.00	.00	.000	.00	.00
ACCOMMODATIONS	Ω	Λ	.00	.00	.000	.00	.00
	0		.00			.00	
ADMINISTRATIVE DAYS	U	0		.00	.000		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	Ö	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0					.00
ALL OTHER INPATIENT	Ü	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	2	99.04	49.52	.000	99.04	.02
MEDICAL	1	1	64.61	64.61	.000	64.61	.01
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	0	Ü	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	34.43	34.43	.000	34.43	.01
	_	<del>=</del>					
		0	0.0	0.0	$\alpha \alpha \alpha$	0.0	$\cap$
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO					PAGE 18,475
	_	ES AND EXPENDITURES MO					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE				PAGE 18,475
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MODELLE MO	NTH-OF-PAYMENT RE		2003 THRU DI	EC 2003	PAGE 18,475 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MO DENTAL ICES FOR ALL MEDICALL	NTH-OF-PAYMENT RE	EPORT FOR JAN :	2003 THRU DI	EC 2003 NTHLY AVERA	PAGE 18,475 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITURES MON TODENTAL TICES FOR ALL MEDICALL UNITS OF SERVICE	NTH-OF-PAYMENT RE	EPORT FOR JAN :  AVERAGE COST	2003 THRU DI MOI UNITS/DAYS	EC 2003 NTHLY AVERA COST PER	PAGE 18,475 01/29/04 GE COST PER
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY 6,187 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MODELLICES FOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES	EPORT FOR JAN :  AVERAGE COST PER UNIT/DAY	2003 THRU DI MOI UNITS/DAYS PER ELIG	EC 2003 NTHLY AVERA COST PER USER	PAGE 18,475 01/29/04 GE COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MON TODENTAL TICES FOR ALL MEDICALL UNITS OF SERVICE	NTH-OF-PAYMENT RE	EPORT FOR JAN :  AVERAGE COST	2003 THRU DI MOI UNITS/DAYS	EC 2003 NTHLY AVERA COST PER USER	PAGE 18,475 01/29/04 GE COST PER ELIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY 6,187 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 517	ES AND EXPENDITURES MODELLE CONTROL OF SERVICE OR DAYS OF CARE 2,475 \$	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 481,712.55	EPORT FOR JAN :  AVERAGE COST PER UNIT/DAY \$ 194.63	2003 THRU DI MOI UNITS/DAYS PER ELIG .400	EC 2003 NTHLY AVERA COST PER USER \$ 931.75	PAGE 18,475 01/29/04 GE COST PER ELIGIBLE \$ 77.86
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY 6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 517 58	ES AND EXPENDITURES MODELLE CONTROL OF SERVICE OR DAYS OF CARE 2,475 \$ 284	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 481,712.55 420,516.51	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69	MOI UNITS/DAYS PER ELIG .400 .046	NTHLY AVERA COST PER USER \$ 931.75 7250.28	PAGE 18,475 01/29/04 GE COST PER ELIGIBLE \$ 77.86 67.97
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 517 58 11	ES AND EXPENDITURES MODEL OF THE PROPERTY OF SERVICE OR DAYS OF CARE 2,475 \$ 284 105	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 481,712.55 420,516.51 148,746.50	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69 1416.63	MOI UNITS/DAYS PER ELIG .400 : .046 .017	NTHLY AVERA COST PER USER \$ 931.75 7250.28 13522.41	PAGE 18,475 01/29/04 GE COST PER ELIGIBLE \$ 77.86 67.97 24.04
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 517 58 11 48	ES AND EXPENDITURES MODEL OF COMMENTAL COMMENTAL COMMENTAL COMMENTS OF SERVICE OR DAYS OF CARE 2,475 \$ 284 105 179	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 481,712.55 420,516.51 148,746.50 271,770.01	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69 1416.63 1518.27	MOI UNITS/DAYS PER ELIG .400 : .046 .017 .029	NTHLY AVERA COST PER USER \$ 931.75 7250.28 13522.41 5661.88	PAGE 18,475 01/29/04 GE COST PER ELIGIBLE \$ 77.86 67.97 24.04 43.93
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 517 58 11	ES AND EXPENDITURES MODEL OF THE PROPERTY OF SERVICE OR DAYS OF CARE 2,475 \$ 284 105	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 481,712.55 420,516.51 148,746.50	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69 1416.63	MOI UNITS/DAYS PER ELIG .400 : .046 .017	NTHLY AVERA COST PER USER \$ 931.75 7250.28 13522.41	PAGE 18,475 01/29/04 GE COST PER ELIGIBLE \$ 77.86 67.97 24.04
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 517 58 11 48	ES AND EXPENDITURES MODEL OF COMMENTAL COMMENTAL COMMENTAL COMMENTS OF SERVICE OR DAYS OF CARE 2,475 \$ 284 105 179	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 481,712.55 420,516.51 148,746.50 271,770.01	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69 1416.63 1518.27	MOI UNITS/DAYS PER ELIG .400 : .046 .017 .029	NTHLY AVERA COST PER USER \$ 931.75 7250.28 13522.41 5661.88	PAGE 18,475 01/29/04 GE COST PER ELIGIBLE \$ 77.86 67.97 24.04 43.93
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 517 58 11 48 48 48	ES AND EXPENDITURES MORE CONTROL CICES FOR ALL MEDICALL UNITS OF SERVICE OR DAYS OF CARE 2,475 \$ 284 105 179 179 0	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 481,712.55 420,516.51 148,746.50 271,770.01 85,787.34 .00	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69 1416.63 1518.27 479.26 .00	2003 THRU DI MOI UNITS/DAYS PER ELIG .400 : .046 .017 .029 .029 .000	NTHLY AVERA COST PER USER \$ 931.75 7250.28 13522.41 5661.88 1787.24 .00	PAGE 18,475 01/29/04 GE COST PER ELIGIBLE \$ 77.86 67.97 24.04 43.93 13.87 .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 517 58 11 48 48 0	ES AND EXPENDITURES MORE TO THE PROPERTY OF SERVICE OR DAYS OF CARE 2,475 \$ 284 105 179 179 0 0	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 481,712.55 420,516.51 148,746.50 271,770.01 85,787.34 .00 .00	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69 1416.63 1518.27 479.26 .00	MOI UNITS/DAYS PER ELIG .400 : .046 .017 .029 .029 .000	NTHLY AVERA COST PER USER \$ 931.75 7250.28 13522.41 5661.88 1787.24 .00 .00	PAGE 18,475 01/29/04 GE COST PER ELIGIBLE \$ 77.86 67.97 24.04 43.93 13.87 .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 517 58 11 48 48 0 0 0	ES AND EXPENDITURES MORE TO THE PROPERTY OF SERVICE OR DAYS OF CARE 2,475 \$ 284 105 179 179 0 0 0 179	NTH-OF-PAYMENT RE Y INDIGENT  EXPENDITURES  481,712.55 420,516.51 148,746.50 271,770.01 85,787.34 .00 .00 85,787.34	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69 1416.63 1518.27 479.26 .00 .00	MOI UNITS/DAYS PER ELIG .400 : .046 .017 .029 .029 .000 .000	NTHLY AVERA COST PER USER \$ 931.75 7250.28 13522.41 5661.88 1787.24 .00 .00 1787.24	PAGE 18,475 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 517 58 11 48 48 0 0 0 48 48	ES AND EXPENDITURES MORE TO THE PROPERTY OF SERVICE OR DAYS OF CARE 2,475 \$ 284 105 179 179 0 0 179 0	NTH-OF-PAYMENT RE Y INDIGENT  EXPENDITURES  481,712.55 420,516.51 148,746.50 271,770.01 85,787.34 .00 .00 85,787.34 185,982.67	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69 1416.63 1518.27 479.26 .00 .00 479.26	MOI UNITS/DAYS PER ELIG .400 : .046 .017 .029 .029 .000 .000	NTHLY AVERA COST PER USER \$ 931.75 7250.28 13522.41 5661.88 1787.24 .00 .00 1787.24 3874.64	PAGE 18,475 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 517 58 11 48 48 0 0 0	ES AND EXPENDITURES MORE TO THE PROPERTY OF SERVICE OR DAYS OF CARE 2,475 \$ 284 105 179 179 0 0 0 179	NTH-OF-PAYMENT RE Y INDIGENT  EXPENDITURES  481,712.55 420,516.51 148,746.50 271,770.01 85,787.34 .00 .00 85,787.34	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69 1416.63 1518.27 479.26 .00 .00	MOI UNITS/DAYS PER ELIG .400 : .046 .017 .029 .029 .000 .000	NTHLY AVERA COST PER USER \$ 931.75 7250.28 13522.41 5661.88 1787.24 .00 .00 1787.24	PAGE 18,475 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 517 58 11 48 48 0 0 0 48 48	ES AND EXPENDITURES MORE TO THE PROPERTY OF SERVICE OR DAYS OF CARE 2,475 \$ 284 105 179 179 0 0 179 0	NTH-OF-PAYMENT RE Y INDIGENT EXPENDITURES 481,712.55 420,516.51 148,746.50 271,770.01 85,787.34 .00 .00 .00 .00 .85,787.34 185,982.67 .00	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69 1416.63 1518.27 479.26 .00 .00 479.26 .00	MOI UNITS/DAYS PER ELIG .400 .046 .017 .029 .029 .000 .000 .029	NTHLY AVERA COST PER USER \$ 931.75 7250.28 13522.41 5661.88 1787.24 .00 .00 1787.24 .88 .90 .00 .00 .00 .00 .00 .00 .00	PAGE 18,475 01/29/04 GE COST PER ELIGIBLE \$ 77.86 67.97 24.04 43.93 13.87 .00 .00 13.87 30.06 .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 517 58 11 48 48 0 0 48 48 0 0	ES AND EXPENDITURES MODELLE CONTRACTOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 2,475 \$ 284 105 179 179 0 0 0 179 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NTH-OF-PAYMENT RE Y INDIGENT  EXPENDITURES  481,712.55 420,516.51 148,746.50 271,770.01 85,787.34 .00 .00 .85,787.34 185,982.67 .00 .00	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69 1416.63 1518.27 479.26 .00 .00 479.26 .00 .00	2003 THRU DI MOI UNITS/DAYS PER ELIG .400 : .046 .017 .029 .029 .000 .000 .029 .000	NTHLY AVERA COST PER USER \$ 931.75 7250.28 13522.41 5661.88 1787.24 .00 .00 1787.24 3874.64 .00 .00	PAGE 18,475 01/29/04 GE COST PER ELIGIBLE \$ 77.86 67.97 24.04 43.93 13.87 .00 .00 .00 13.87 30.06 .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 517 58 11 48 48 0 0 0 48 48 0 0 491	ES AND EXPENDITURES MODELLE CONTROL OF SERVICE OR DAYS OF CARE 2,475 \$ 284 105 179 179 0 0 179 0 0 0 179 0 0 0 0 2,191	NTH-OF-PAYMENT RE Y INDIGENT  EXPENDITURES  481,712.55 420,516.51 148,746.50 271,770.01 85,787.34 .00 .00 85,787.34 185,982.67 .00 .00 61,196.04	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69 1416.63 1518.27 479.26 .00 .00 479.26 .00 .00 .00	MOI UNITS/DAYS PER ELIG .400 : .046 .017 .029 .029 .000 .000 .029 .000 .029	NTHLY AVERA COST PER USER \$ 931.75 7250.28 13522.41 5661.88 1787.24 .00 .00 1787.24 3874.64 .00 .00 124.64	PAGE 18,475 01/29/04 GE COST PER ELIGIBLE \$ 77.86 67.97 24.04 43.93 13.87 .00 .00 13.87 30.06 .00 .00 9.89
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  517 58 11 48 48 0 0 48 48 0 0 491 165	ES AND EXPENDITURES MORE TO THE PROPERTY OF SERVICE OR DAYS OF CARE 2,475 \$ 284 105 179 179 0 0 179 0 0 0 179 0 0 0 2,191 216	NTH-OF-PAYMENT RE Y INDIGENT  EXPENDITURES  481,712.55 420,516.51 148,746.50 271,770.01 85,787.34 .00 .00 85,787.34 185,982.67 .00 .00 61,196.04 10,540.92	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69 1416.63 1518.27 479.26 .00 .00 479.26 .00 .00 27.93 48.80	2003 THRU DI MOI UNITS/DAYS PER ELIG .400 : .046 .017 .029 .029 .000 .000 .029 .000 .000 .354 .035	NTHLY AVERA COST PER USER \$ 931.75 7250.28 13522.41 5661.88 1787.24 .00 .00 1787.24 .00 .00 1787.24 .00 .00 1787.84 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 18,475 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  517 58 11 48 48 0 0 0 48 48 0 0 491 165 56	ES AND EXPENDITURES MORE TO THE PROPERTY OF SERVICE OR DAYS OF CARE 2,475 \$ 284 105 179 179 0 0 0 179 0 0 0 179 0 0 0 2,191 216 60	NTH-OF-PAYMENT REAL INDIGENT  EXPENDITURES  481,712.55 420,516.51 148,746.50 271,770.01 85,787.34 .00 .00 85,787.34 185,982.67 .00 .00 61,196.04 10,540.92 2,720.84	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69 1416.63 1518.27 479.26 .00 .00 479.26 .00 .00 27.93 48.80 45.35	2003 THRU DI MOI UNITS/DAYS PER ELIG .400 : .046 .017 .029 .029 .000 .000 .000 .029 .000 .000	NTHLY AVERA COST PER USER 931.75 7250.28 13522.41 5661.88 1787.24 .00 .00 1787.24 3874.64 .00 .00 124.64 63.88 48.59	PAGE 18,475 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  517 58 11 48 48 0 0 48 48 0 0 491 165	ES AND EXPENDITURES MORE TO THE PROPERTY OF SERVICE OR DAYS OF CARE 2,475 \$ 284 105 179 179 0 0 179 0 0 0 179 0 0 0 2,191 216	NTH-OF-PAYMENT RE Y INDIGENT  EXPENDITURES  481,712.55 420,516.51 148,746.50 271,770.01 85,787.34 .00 .00 85,787.34 185,982.67 .00 .00 61,196.04 10,540.92	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69 1416.63 1518.27 479.26 .00 .00 479.26 .00 .00 27.93 48.80	2003 THRU DI MOI UNITS/DAYS PER ELIG .400 : .046 .017 .029 .029 .000 .000 .029 .000 .000 .354 .035	NTHLY AVERA COST PER USER \$ 931.75 7250.28 13522.41 5661.88 1787.24 .00 .00 1787.24 .00 .00 1787.24 .00 .00 1787.84 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 18,475 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 517 58 11 48 48 0 0 48 48 0 0 491 165 56 209	ES AND EXPENDITURES MODELLE CONTROL OF SERVICE OR DAYS OF CARE 2,475 \$ 284 105 179 179 0 0 0 179 0 0 0 179 0 0 0 0 179 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NTH-OF-PAYMENT RE Y INDIGENT  EXPENDITURES  481,712.55 420,516.51 148,746.50 271,770.01 85,787.34 .00 .00 85,787.34 185,982.67 .00 .00 61,196.04 10,540.92 2,720.84 9,966.37	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69 1416.63 1518.27 479.26 .00 .00 479.26 .00 .00 27.93 48.80 45.35 12.63	2003 THRU DI MOI UNITS/DAYS PER ELIG .400 : .046 .017 .029 .029 .000 .000 .029 .000 .000 .000	NTHLY AVERA COST PER USER 931.75 7250.28 13522.41 5661.88 1787.24 .00 .00 1787.24 3874.64 .00 .00 124.64 63.88 48.59 47.69	PAGE 18,475 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 517 58 11 48 48 0 0 0 48 48 0 0 165 56 209 189	ES AND EXPENDITURES MODELLE CONTROL OF SERVICE OR DAYS OF CARE 2,475 \$ 284 105 179 179 0 0 179 0 0 0 2,191 216 60 789 257	NTH-OF-PAYMENT RE Y INDIGENT  EXPENDITURES  481,712.55 420,516.51 148,746.50 271,770.01 85,787.34 .00 .00 85,787.34 185,982.67 .00 .00 61,196.04 10,540.92 2,720.84 9,966.37 12,728.65	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69 1416.63 1518.27 479.26 .00 .00 479.26 .00 .00 27.93 48.80 45.35 12.63 49.53	2003 THRU DI MOI UNITS/DAYS PER ELIG .400 : .046 .017 .029 .029 .000 .000 .000 .029 .000 .000	NTHLY AVERA COST PER USER \$ 931.75 7250.28 13522.41 5661.88 1787.24 .00 .00 1787.24 3874.64 .00 .00 .00 124.64 63.88 48.59 47.69 67.35	PAGE 18,475 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 517 58 11 48 48 0 0 0 48 48 11 165 56 209 189 280	ES AND EXPENDITURES MODELLE CONTRACTOR ALL MEDICALLY UNITS OF SERVICE OR DAYS OF CARE 2,475 \$ 284 105 179 179 0 0 179 0 0 2,191 216 60 789 257 390	TTH-OF-PAYMENT RE  Y INDIGENT  EXPENDITURES  481,712.55 420,516.51 148,746.50 271,770.01 85,787.34 .00 .00 85,787.34 185,982.67 .00 .00 61,196.04 10,540.92 2,720.84 9,966.37 12,728.65 15,022.39	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69 1416.63 1518.27 479.26 .00 .00 479.26 .00 .00 27.93 48.80 45.35 12.63 49.53 38.52	2003 THRU DI MOI UNITS/DAYS PER ELIG .400046 .017 .029 .029 .000 .000 .029 .000 .000 .000	NTHLY AVERA COST PER USER 931.75 7250.28 13522.41 5661.88 1787.24 .00 .00 1787.24 .00 .00 124.64 63.88 48.389 47.69 67.35 53.65	PAGE 18,475 01/29/04 GE COST PER ELIGIBLE \$ 77.86 67.97 24.04 43.93 13.87 .00 .00 13.87 30.06 .00 .00 .00 .00 .13.87 30.06 .00 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 517 58 11 48 48 0 0 0 48 48 0 0 0 491 165 56 209 189 280 174	ES AND EXPENDITURES MODE	TTH-OF-PAYMENT RE  Y INDIGENT  EXPENDITURES  481,712.55 420,516.51 148,746.50 271,770.01 85,787.34 .00 .00 85,787.34 185,982.67 .00 .00 61,196.04 10,540.92 2,720.84 9,966.37 12,728.65 15,022.39 10,216.87	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69 1416.63 1518.27 479.26 .00 .00 479.26 .00 .00 27.93 48.80 45.35 12.63 49.53 38.52 21.33	2003 THRU DI MOI UNITS/DAYS PER ELIG .400 : .046 .017 .029 .029 .000 .000 .029 .000 .000 .354 .035 .010 .128 .042 .063	NTHLY AVERA COST PER USER \$ 931.75 7250.28 13522.41 5661.88 1787.24 .00 .00 1787.24 .00 .00 124.64 63.88 48.59 47.69 67.35 53.65 58.72	PAGE 18,475 01/29/04 GE COST PER ELIGIBLE \$ 77.86 67.97 24.04 43.93 13.87 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 517 58 11 48 48 0 0 0 48 48 11 165 56 209 189 280	ES AND EXPENDITURES MODE OF CARE  UNITS OF SERVICE OR DAYS OF CARE  2,475 \$ 284 105 179 179 0 0 179 0 2,191 216 60 789 257	TTH-OF-PAYMENT RE  Y INDIGENT  EXPENDITURES  481,712.55 420,516.51 148,746.50 271,770.01 85,787.34 .00 .00 85,787.34 185,982.67 .00 .00 61,196.04 10,540.92 2,720.84 9,966.37 12,728.65 15,022.39	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69 1416.63 1518.27 479.26 .00 .00 479.26 .00 .00 27.93 48.80 45.35 12.63 49.53 38.52	2003 THRU DI MOI UNITS/DAYS PER ELIG .400046 .017 .029 .029 .000 .000 .029 .000 .000 .000	NTHLY AVERA COST PER USER 931.75 7250.28 13522.41 5661.88 1787.24 .00 .00 1787.24 .00 .00 124.64 63.88 48.59 47.69 67.35 53.65 58.72	PAGE 18,475 01/29/04 GE COST PER ELIGIBLE \$ 77.86 67.97 24.04 43.93 13.87 .00 .00 13.87 30.06 .00 .00 .00 .00 .13.87 30.06 .00 .00 .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 517 58 11 48 48 0 0 0 48 48 48 0 0 0 165 56 209 189 280 174	ES AND EXPENDITURES MODE	NTH-OF-PAYMENT RE Y INDIGENT  EXPENDITURES  481,712.55 420,516.51 148,746.50 271,770.01 85,787.34 .00 .00 .85,787.34 185,982.67 .00 .00 61,196.04 10,540.92 2,720.84 9,966.37 12,728.65 15,022.39 10,216.87	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69 1416.63 1518.27 479.26 .00 .00 479.26 .00 .00 27.93 48.80 45.35 12.63 49.53 38.52 21.33 \$ .00	2003 THRU DI MOI UNITS/DAYS PER ELIG .400 S .046 .017 .029 .029 .000 .000 .029 .000 .000 .029 .000 .128 .042 .063 .077 .000	NTHLY AVERA COST PER USER 931.75 7250.28 13522.41 5661.88 1787.24 .00 .00 1787.24 .00 .00 124.64 63.88 48.59 47.69 67.35 53.65 58.72	PAGE 18,475 01/29/04 GE COST PER ELIGIBLE \$ 77.86 67.97 24.04 43.93 13.87 .00 .00 13.87 30.06 .00 .00 9.89 1.70 .44 1.61 2.06 2.43 1.65 \$ .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 517 58 11 48 48 0 0 0 48 48 48 0 0 0 491 165 56 209 189 280 174 0	ES AND EXPENDITURES MODE OF CARE OR DAYS OF CARE 2,475 \$ 284 105 179 179 0 0 0 179 0 0 0 0 2,191 216 60 789 257 390 479 0 \$ 0	NTH-OF-PAYMENT RE Y INDIGENT  EXPENDITURES  481,712.55 420,516.51 148,746.50 271,770.01 85,787.34 .00 .00 .00 .00 .00 .00 61,196.04 10,540.92 2,720.84 9,966.37 12,728.65 15,022.39 10,216.87 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69 1416.63 1518.27 479.26 .00 .00 479.26 .00 .00 27.93 48.80 45.35 12.63 49.53 38.52 21.33 \$ .00 .00	MOI UNITS/DAYS PER ELIG .400 : .046 .017 .029 .029 .000 .000 .029 .000 .000 .128 .046 .012 .063 .077 .000 .000	NTHLY AVERA COST PER USER \$ 931.75 7250.28 13522.41 5661.88 1787.24 .00 .00 1787.24 .00 .00 124.64 63.88 48.59 47.69 67.35 53.65 58.72	PAGE 18,475 01/29/04 GE COST PER ELIGIBLE \$ 77.86 67.97 24.04 43.93 13.87 .00 .00 13.87 30.06 .00 .00 9.89 1.70 .44 1.61 2.06 2.43 1.65 \$ .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 517 58 11 48 48 0 0 0 48 48 0 0 0 491 165 56 209 189 280 174 0 0	ES AND EXPENDITURES MODE	NTH-OF-PAYMENT REAL INDIGENT  EXPENDITURES  481,712.55 420,516.51 148,746.50 271,770.01 85,787.34 .00 .00 85,787.34 185,982.67 .00 61,196.04 10,540.92 2,720.84 9,966.37 12,728.65 15,022.39 10,216.87 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69 1416.63 1518.27 479.26 .00 .00 479.26 .00 .00 27.93 48.80 45.35 12.63 49.53 38.52 21.33 \$ .00 .00 .00	2003 THRU DI MOI UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER \$ 931.75 7250.28 13522.41 5661.88 1787.24 .00 .00 1787.24 .00 .00 124.64 .63.88 48.59 47.69 .67.35 .53.65 .58.72 .00 .00	PAGE 18,475 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 517 58 11 48 48 0 0 0 48 48 0 0 0 491 165 56 209 189 280 174 0 0 0	ES AND EXPENDITURES MODE	NTH-OF-PAYMENT REAL INDIGENT  EXPENDITURES  481,712.55 420,516.51 148,746.50 271,770.01 85,787.34 .00 .00 85,787.34 185,982.67 .00 61,196.04 10,540.92 2,720.84 9,966.37 12,728.65 15,022.39 10,216.87 .00 .00 141,236.48	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69 1416.63 1518.27 479.26 .00 .00 479.26 .00 .00 27.93 48.80 45.35 12.63 49.53 38.52 21.33 \$ .00 .00 .00 \$ 111.21	2003 THRU DI MOI UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER 931.75 7250.28 13522.41 5661.88 1787.24 .00 .00 1787.24 3874.64 .00 .00 124.64 63.88 48.59 47.69 67.35 53.65 58.72 .00 .00 .00 .00 .00 .00 .00 .0	PAGE 18,475 01/29/04 GE
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  6,187 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE 517 58 11 48 48 0 0 0 48 48 0 0 0 491 165 56 209 189 280 174 0 0	ES AND EXPENDITURES MODE	NTH-OF-PAYMENT REAL INDIGENT  EXPENDITURES  481,712.55 420,516.51 148,746.50 271,770.01 85,787.34 .00 .00 85,787.34 185,982.67 .00 61,196.04 10,540.92 2,720.84 9,966.37 12,728.65 15,022.39 10,216.87 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 194.63 1480.69 1416.63 1518.27 479.26 .00 .00 479.26 .00 .00 27.93 48.80 45.35 12.63 49.53 38.52 21.33 \$ .00 .00 .00	2003 THRU DI MOI UNITS/DAYS PER ELIG	NTHLY AVERA COST PER USER \$ 931.75 7250.28 13522.41 5661.88 1787.24 .00 .00 1787.24 .00 .00 124.64 .63.88 48.59 47.69 .67.35 .53.65 .58.72 .00 .00	PAGE 18,475 01/29/04 GE COST PER ELIGIBLE \$ 77.86 67.97 24.04 43.93 13.87 .00 .00 13.87 30.06 .00 .00 9.89 1.70 .44 1.61 2.06 2.43 1.65 \$ .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	41	1,270		141,236.48		111.21	.205		3444.79		22.83
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	4	7	\$	353.45	\$	50.49	.001	\$	88.36	\$	.06
HOSPITAL BASED	4	7		353.45		50.49	.001		88.36		.06
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	219	769	\$	12,184.51	\$	15.84	.124	\$	55.64	\$	1.97
PATHOLOGY	219	769		12,184.51		15.84	.124		55.64		1.97
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,044	1,574	\$	133,743.30	\$	84.97	.254	\$	128.11	\$	21.62
CLINIC	37	110		3,032.84		27.57	.018		81.97		.49
SURGICENTER	3	10		361.21		36.12	.002		120.40		.06
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,009	1,454		130,349.25		89.65	.235		129.19		21.07
	MEDI-CAL SERVICES AND		URES	MONTH-OF-PAYMENT RE	EPORT	r for Jan 2003	THRU	DEC	2003	PI	AGE 18,476
	FEE-FOR-SERVICE/DENTAL										01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FO	OR ALL M	IEDICA	LLY INDIGENT							
							M	IONTI	HLY AVERA	GE -	

C 107 FLICTRIES	HOEDO IN	THE OF CERTAIN	-	EXPENDIBLE	ATTER A CEL COCE		ONITHI AVERA		COCH DED
6,187 ELIGIBLES		ITS OF SERVICE		EXPENDITURES	AVERAGE COST PER UNIT/DAY				COST PER ELIGIBLE
ONLI OFFIER PROMITERS		R DAYS OF CARE		26 172 01	- '	_			_
@ALL OTHER PROVIDERS	250	4,991	\$	36,173.81	\$ 7.25	.807	•	Ş	5.85
DURABLE MED. EQUIP.	15	24		4,832.32	201.35	.004	322.15		.78
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	50	536		13,949.04	26.02	.087	278.98		2.25
AMBULANCES/AIR TRANS	50	533		8,549.04	16.04	.086	170.98		1.38
OTHER TRANS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	3	3		5,400.00	1800.00	.000	1800.00		.87
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	16	16		1,680.00	105.00	.003	105.00		.27
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	62	134		1,193.15	8.90	.022	19.24		.19
PHYSICAL THERAPIST	1	8		136.03	17.00	.001	136.03		.02
PORTABLE X-RAY	0	0		.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	6	32		6,140.75	191.90	.005	1023.46		.99
PROSTHETICS	5	26		5,483.50	210.90	.004	1096.70		.89
ORTHOTICS	1	6		657.25	109.54	.001	657.25		.11
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	26	53		2,374.64	44.80	.009	91.33		.38
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	68	800		4,448.25	5.56	.129	65.42		.72
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	12	3,388		1,419.63	.42	.548	118.30		.23
@CALIF. CHILDREN SERVICES*	38	2,506	Ś	181,972.71	\$ 72.61	.405		Ś	29.41
@XOVER EXCLUDING STATE HOSP**	0	2,500	Š	.00	\$ .00	.000	\$ .00		.00
@* TOTALS IN THESE LINES ARE GIVEN	N AS A SEPARATE	TNFORMATION 1	ГТЕМ		٠.٠٠	.000	, .00	Y	.00
6 TOTTILD III THIND HINDO THE OTVE	. 115 11 SHITHUIL	1111 010 1111 1011	1-1	O1111 /					

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,477 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

YUBA COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

YUBA COUNTY	SUMMARY OF SERVIO	CES FOR RENAL DIALYSIS		AID CODES	71		
					MON7	THLY AVERAGE	·
00 ELIGIBLES	USERS (	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0					
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	U	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000	.00	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000 \$	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00				.00
ANESTHESIA	0	0		.00	.000	.00	
PERIODONTICS	0	-	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	Ü	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	Ü	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 18,478 01/29/04

YUBA COUNTY	SUMMARY OF SERVI	CES FOR RENAL DIALYSI	S	AID CODES	71		
					MON'	THLY AVERAGI	<b>3</b>
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$	.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
	0	_	.00			.00	
@CHIROPRACTOR	0	0 \$		•	.000 \$		
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	U	0	.00	.00	.000	.00	.00
@PODIATRIST	U	0 \$	.00	\$ .00	.000 \$	.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL MEDICAL	0	0	.00			.00	.00
	0	0		.00	.000		
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	U	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON					PAGE 18,479
MOP024	FEE-FOR-SERVICE/				. ,		01/29/04
YUBA COUNTY		CES FOR RENAL DIALYSI	S	AID CODES	71		,,
			-	00210	=		

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

JORGERI	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
	0	0									
CROSSOVERS/ALL OTH OUTPINT	U			.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
	0		_		_					_	
@NURSING FACILITY	Ü	0	\$	.00	Ş	.00	.000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
LEV B-SUBACUTE FREESTANDING	0	U									.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
	0	0	d		4			4		4	
@INTERMEDIATE CARE FACILDD	Ü	0	\$	.00	Ş	.00	.000	Ş	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
	0	0	_		_					_	
@HEMODIALYSIS TOTAL	0	0	\$	.00	Ş	.00	.000	Ş	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
	0	0	Ċ		ė.			4		4	
@REHABILITATION FACILITY	Ü	0	\$	.00	Þ	.00	.000	Þ	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	Ġ	.00	.000	Ġ	.00	\$	.00
	0	0	Ą		Ą			Ą		Ą	
PATHOLOGY	Ü	Ü		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	Ś	.00	Ś	.00	.000	Ś	.00	\$	.00
CLINIC	0	0	Ψ	.00	Ψ.	.00	.000	٧	.00	Υ	
	U	U		. 00		.00					.00
	_	_									
SURGICENTER	0	0		.00		.00	.000		.00		.00
SURGICENTER	0 0	0 0		.00		.00	.000		.00		
SURGICENTER HEROIN DETOX CLINIC	0 0	0 0		.00		.00	.000		.00		.00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	0 0 0	0 0 0	TO MO	.00 .00 .00		.00 .00 .00	.000 .000 .000	D.E. 0	.00 .00 .00	D.	.00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MOI	.00 .00 .00	EPORT	.00 .00 .00	.000 .000 .000	DEC	.00 .00 .00	Pi	.00 .00 AGE 18,480
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR /DENTAL		.00 .00 .00 .00 NTH-OF-PAYMENT RI	EPORI	.00 .00 .00	.000 .000 .000	DEC	.00 .00 .00	Pi	.00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR /DENTAL		.00 .00 .00 .00 NTH-OF-PAYMENT RI		.00 .00 .00 FOR JAN 2	.000 .000 .000 2003 THRU	DEC	.00 .00 .00	Pi	.00 .00 AGE 18,480
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR		.00 .00 .00 .00 NTH-OF-PAYMENT RI		.00 .00 .00	.000 .000 .000 2003 THRU		.00		.00 .00 AGE 18,480 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D	IALYS	.00 .00 .00 NTH-OF-PAYMENT RI		.00 .00 .00 FOR JAN 2	.000 .000 .000 2003 THRU 71	ONT	.00 .00 .00 2003	GE ·	.00 .00 AGE 18,480 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE	)IALYS	.00 .00 .00 .00 NTH-OF-PAYMENT RI	AVE	.00 .00 .00 FOR JAN 2 AID CODES	.000 .000 .000 2003 THRU 71 M UNITS/DAY	ONT S	.00 .00 .00 2003 HLY AVERA	GE ·	.00 .00 AGE 18,480 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D	)IALYS	.00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES	AVE	.00 .00 .00 FOR JAN 2 AID CODES GRAGE COST	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG	ONT S	.00 .00 .00 2003 THLY AVERA COST PER USER	GE ·	.00 .00 AGE 18,480 01/29/04
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE	)IALYS	.00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES	AVE	.00 .00 .00 FOR JAN 2 AID CODES GRAGE COST	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG	ONT S	.00 .00 .00 2003 THLY AVERA COST PER USER	GE ·	.00 .00 AGE 18,480 01/29/04  COST PER ELIGIBLE
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES @ALL OTHER PROVIDERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	)IALYS	.00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00	AVE PER	.00 .00 .00 FOR JAN 2 AID CODES GRAGE COST UNIT/DAY .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000	ONT S	.00 .00 .00 2003 THLY AVERA COST PER USER .00	GE ·	.00 .00 AGE 18,480 01/29/04  COST PER ELIGIBLE .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE	)IALYS	.00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00	AVE PER	.00 .00 .00 FOR JAN 2 AID CODES CRAGE COST UNIT/DAY .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000	ONT S	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00	GE ·	.00 .00 AGE 18,480 01/29/04  COST PER ELIGIBLE .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	)IALYS	.00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00	AVE PER	.00 .00 .00 FOR JAN 2 AID CODES CRAGE COST UNIT/DAY .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000	ONT S	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00	GE ·	.00 .00 AGE 18,480 01/29/04  COST PER ELIGIBLE .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	)IALYS	.00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00	AVE PER	.00 .00 .00 FOR JAN 2 AID CODES CRAGE COST UNIT/DAY .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000	ONT S	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00	GE ·	.00 .00 AGE 18,480 01/29/04  COST PER ELIGIBLE .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	)IALYS	.00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00 .00	AVE PER	.00 .00 .00 FOR JAN 2 AID CODES GRAGE COST UNIT/DAY .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000	ONT S	.00 .00 .00 2003 HLY AVERA COST PER USER .00 .00	GE ·	.00 .00 AGE 18,480 01/29/04  COST PER ELIGIBLE .00 .00 .00
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	)IALYS	.00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00 .00	AVE PER	.00 .00 .00 FOR JAN 2 AID CODES CRAGE COST UNIT/DAY .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000	ONT S	.00 .00 .00 .2003 HLY AVERA COST PER USER .00 .00 .00	GE ·	.00 .00 AGE 18,480 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	)IALYS	.00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00 .00 .00	AVE PER	.00 .00 .00 FOR JAN 2 AID CODES CRAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 .000 .000 .003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000	ONT S	.00 .00 .00 .2003 HLY AVERA COST PER USER .00 .00 .00	GE ·	.00 .00 AGE 18,480 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	)IALYS	.00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00 .00	AVE PER	.00 .00 .00 FOR JAN 2 AID CODES CRAGE COST UNIT/DAY .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000	ONT S	.00 .00 .00 .2003 HLY AVERA COST PER USER .00 .00 .00	GE ·	.00 .00 AGE 18,480 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	)IALYS	.00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00 .00 .00	AVE PER	.00 .00 .00 FOR JAN 2 AID CODES CRAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 .000 .000 .003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000	ONT S	.00 .00 .00 .2003 HLY AVERA COST PER USER .00 .00 .00	GE ·	.00 .00 AGE 18,480 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	)IALYS	.00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00 .00 .00 .00	AVE PER	.00 .00 .00 FOR JAN 2 AID CODES CRAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	ONT S	.00 .00 .00 2003 THLY AVERA COST PER USER .00 .00 .00	GE ·	.00 .00 AGE 18,480 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY   00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	)IALYS	.00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00 .00 .00 .00 .00	AVE PER	.00 .00 .00 FOR JAN 2 AID CODES CRAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	ONT S	.00 .00 .00 .2003 HLY AVERA COST PER USER .00 .00 .00 .00	GE ·	.00 .00 AGE 18,480 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY   OO ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D  UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0	)IALYS	.00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AVE PER	.00 .00 .00 .00 FOR JAN 2 AID CODES ERAGE COST UNIT/DAY .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	ONT S	.00 .00 .00 .2003 THLY AVERAL COST PER USER .00 .00 .00 .00 .00	GE ·	.00 .00 AGE 18,480 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY   00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0	)IALYS	.00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00 .00 .00 .00 .00	AVE PER	.00 .00 .00 FOR JAN 2 AID CODES CRAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 .000 2003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	ONT S	.00 .00 .00 .2003 HLY AVERA COST PER USER .00 .00 .00 .00	GE ·	.00 .00 AGE 18,480 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY   OO ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D  UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0	)IALYS	.00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVE PER	.00 .00 .00 .00 FOR JAN 2 AID CODES ERAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .0003 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S	.00 .00 .00 .2003 THLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00	GE ·	.00 .00 AGE 18,480 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY   OO ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D  UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	)IALYS	.00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVE PER	.00 .00 .00 .00 FOR JAN 2 AID CODES CRAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .0003 THRU 71 	ONT S	.00 .00 .00 .2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00	GE ·	.00 .00 AGE 18,480 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY   OO ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	)IALYS	.00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER	.00 .00 .00 .00 FOR JAN 2 AID CODES CRAGE COST 2 UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	ONT S	.00 .00 .00 .2003 HLY AVERA COST PER .00 .00 .00 .00 .00 .00 .00	GE ·	.00 .00 AGE 18,480 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY   00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	)IALYS	.00 .00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER	.00 .00 .00 .00 FOR JAN 2 AID CODES GRAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 THRU 71 M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONT S	.00 .00 .00 .2003 THLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE ·	.00 .00 AGE 18,480 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY   OO ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	)IALYS	.00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER	.00 .00 .00 .00 FOR JAN 2 AID CODES CRAGE COST 2 UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	ONT S	.00 .00 .00 .2003 HLY AVERA COST PER .00 .00 .00 .00 .00 .00 .00	GE ·	.00 .00 AGE 18,480 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY   00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	)IALYS	.00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER	.00 .00 .00 .00 FOR JAN 2 AID CODES GRAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 .000 .000 .000 .00	ONT S	.00 .00 .00 .2003 THLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE ·	.00 .00 AGE 18,480 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY   OO ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D  UNITS OF SERVICE OR DAYS OF CARE O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	)IALYS	.00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER	.00 .00 .00 .00 FOR JAN 2 AID CODES GRAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 .000 .000 .000 .000 .00	ONT S	.00 .00 .00 .2003 HLY AVERA COST PER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE ·	.00 .00 AGE 18,480 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY   OO ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D  UNITS OF SERVICE OR DAYS OF CARE O  0  0  0  0  0  0  0  0  0  0  0  0	)IALYS	.00 .00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	ONT S	.00 .00 .00 .2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE ·	.00 .00 AGE 18,480 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY   OO ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D  UNITS OF SERVICE OR DAYS OF CARE O  0  0  0  0  0  0  0  0  0  0  0  0	)IALYS	.00 .00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	ONT S	.00 .00 .00 .2003 THLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE ·	.00 .00 AGE 18,480 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY   OO ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D  UNITS OF SERVICE OR DAYS OF CARE O  0  0  0  0  0  0  0  0  0  0  0  0	)IALYS	.00 .00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	ONT S	.00 .00 .00 .2003 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE ·	.00 .00 AGE 18,480 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY   OO ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D  UNITS OF SERVICE OR DAYS OF CARE O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	)IALYS	.00 .00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	ONT S	.00 .00 .00 .2003 THLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE ·	.00 .00 .00 AGE 18,480 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY   OO ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D  UNITS OF SERVICE OR DAYS OF CARE O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	)IALYS	.00 .00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	ONT S	.00 .00 .00 .2003 THLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE ·	.00 .00 .00 AGE 18,480 01/29/04 
SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY   OO ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR RENAL D  UNITS OF SERVICE OR DAYS OF CARE O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	)IALYS	.00 .00 .00 .00 NTH-OF-PAYMENT RE IS EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVE PER	.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .000 .000 .000 .00	ONT S	.00 .00 .00 .2003 THLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE ·	.00 .00 .00 AGE 18,480 01/29/04 

0

.00

.00

.000

.00

.00

0

SURGERY

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000 \$	.00 \$	.00
@* TOTALS IN THESE IINES ADE STORM ?		TMEODMATTOM	TTEM ONT V	•				

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,481 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOP024	FEE-FOR-SERVICE										01/29/04
YUBA COUNTY	SUMMARY OF SERV	VICES FOR	TOTAL P	ARENTE	RAL NUTRITION		AID CODES	73			
									NTHLY AVERA	AGE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$	.00	\$	.00	.000	\$ .00	\$	.00
@PHYSICIANS SERVICES	0		0	S	.00	Ė	.00		\$ .00	\$	.00
OUTPATIENT VISITS	0		0	•	.00	•	.00	.000	.00		.00
OFFICE VISITS	0		0		.00		.00	.000	.00		.00
HOME VISITS	0		0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0		Ô		.00		.00	.000	.00		.00
PREVENTIVE CARE	0		n		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000	.00		.00
INPATIENT VISITS	0		0		.00		.00	.000	.00		.00
	0		0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0		0								
CRITICAL CARE	0		0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	U		0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	U		0		.00		.00	.000	.00		.00
EXAMINATIONS	0		0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000	.00		.00
DIALYSIS	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	0		0		.00		.00	.000	.00		.00
PSYCHIATRY	0		0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000	.00		.00
@PHARMACY	0		0	\$	.00	\$	.00	.000	\$ .00	\$	.00
PRESCRIPTION DRUGS	0		0	•	.00	•	.00	.000	.00		.00
SNF/ICF	0		0		.00		.00	.000	.00		.00
OUTPATIENTS	0		Ô		.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0		Ő		.00		.00	.000	.00		.00
@DENTIST	0		0	\$	.00	Ś	.00		\$ .00	\$	.00
VISITS - DIAGNOSTIC	0		0	Ų	.00	Ų	.00	.000	.00	Ÿ	.00
ORAL SURGERY	0		0		.00		.00	.000	.00		.00
DRUGS	0		0		.00		.00	.000	.00		.00
	0		0		.00		.00	.000	.00		.00
ANESTHESIA	0		0								
PERIODONTICS ENDODONTICS	0		0 0		.00		.00	.000	.00		.00
ENDODONTICS	U		U		.00		.00	.000	.00		.00

RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	Ö	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES MO	ONTH-OF-PAYMENT REPO	ORT FOR JAN 2	003 THRU DEC	2003	PAGE 18,482
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
YUBA COUNTY	SUMMARY OF SERVICES	FOR TOTAL PARENT	TERAL NUTRITION	AID CODES	73		
					MONT	THLY AVERAC	SE

IUBA COUNTI	SUMMARI OF SER	VICES FOR	IOIAL P	AKENIE	RAL NUIRIIION	F	TID CODES					
00 51 53 57	TTGTT G		G=D111 G=					M				
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAY				COST PER
CODMOMPED TOE	0	OR DAYS	OF CARE		0.0			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	U		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0	4.	.00	4.	.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$		\$	.00	.000	Ş	.00	Ş	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$		\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00		.00
NURSE ANESTHESIST	0		0	\$ \$ \$ \$		\$	.00	.000	\$	.00		.00
NURSE MIDWIFE	0		0	\$		\$	.00	.000	\$		\$	.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$		\$	.00	.000	\$	.00		.00
FAMILY NURSE PRACTITIONER	0		0	\$		\$	.00	.000	\$	.00		.00
@TOTAL HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$		\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0		Ō	•	.00	•	.00	.000		.00		.00
HSC HOSPITALS	Ō		Ö		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	Ō		Ō		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		Ō		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		Ō		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	n		Õ		.00		.00	.000		.00		.00
ANCILLARIES	0		ñ		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		Ő		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
THE CTITLY TIME WITHINT	J		U		.00		. 0 0	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON					PAGE 18,483
MOP024	FEE-FOR-SERVICE		111 01 1111111111 111		2000 111110 220	2005	01/29/04
YUBA COUNTY		ICES FOR TOTAL PARENTE	RAI. NIITRITION	AID CODES	73		01/25/01
10211 000111	BOTH HELD OF BEHAV	TODO TOTAL TIMENTE	idin ivolitilitor	1110 00010	MONT	HLY AVERAC	FE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 EDIGIBLES	OBERD	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DATS OF CARE	.00	\$ .00	.000 \$		\$ .00
	0	0		·			•
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.000		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$		\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	Ô	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$		\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
	0	0					
ICF DDN/DDCN	0	0 6	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0 0 \$	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	· ·	• •	.00	\$ .00	.000 \$	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	EPORT FOR JAN 2	2003 THRU DEC	2003	PAGE 18,484

IUBA COUNTI	SUMMARI OF SERV	ATCES LOK	IUIAL P	AKEN.	IEKAL NOIKIIION	AID CODES	13			
							MC	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$	.00	\$ .00	.000	\$ .00	\$	.00
DURABLE MED. EQUIP.	0		0		.00	.00	.000	.00		.00
BLOOD BANK	0		0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0		0		.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0		0		.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0		0		.00	.00	.000	.00		.00
OTHER TRANS	0		0		.00	.00	.000	.00		.00
OTHER SERVICES	0		0		.00	.00	.000	.00		.00
ACUPUNCTURE	0		0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0		0		.00	.00	.000	.00		.00

<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,485 MOP024 FEE-FOR-SERVICE/DENTAL 901/29/04 SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

					MONT	HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00 \$	.00	.000 \$	.00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES I	MONTH-OF-PAYMENT REPORT	FOR JAN 2	003 THRU DEC	2003	PAGE 18,486
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR	IRCA ALIENS	S AID CODES	51 52 56	57		
					MONTH	LY AVERAG	E

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 \$ .00 .000 \$ .00 \$ .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 .000 0 .00 .00 .00 .00 EYE APPLIANCES 0 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 .000 .00 @CHIROPRACTOR \$ .00 \$ .00 .000 .00 \$ .00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST 0 .00 \$ .00 .000 .00 .00 .00 .00 .000 .00 MEDICINE/INJECTIONS .00 .00 .00 .000 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER .00 .00 .000 .00 .00 .00 .00 .000 .00 @HOME HEALTH AGENCY .00 NURSE ANESTHESIST .00 .00 .000 .00 \$ .00 \$ NURSE MIDWIFE 0 .00 \$ .00 .000 .00 \$ .00 \$ PEDIATRIC NURSE PRACTITIONER \$ \$ .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 \$ .00 @TOTAL HOSPITAL .00 .00 .000 .00 .00 .000 HOSP INPATIENT TOTAL .00 .00 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 0 .00 .00 .00 .00 ALL OTHER ACCOM .000 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .000 ALL OTHER INPATIENT .00 .00 .00 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 .00 .00 .000 .00 PATHOLOGY .00 RADIOLOGY 0 .00 .00 .000 .00 .00 0 ROOM USE .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPTNT .00 @COUNTY HOSPITAL TOTAL \$ .00 .000 \$ .00 \$ .00

CO HOODINAL TAIDAMIENM MOMAI	Ō	0	0.0	0.0	0.00	0.0	0.0
CO HOSPITAL INPATIENT TOTAL	U	U	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES N	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2003 THRU DEC	2003	PAGE 18,487
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
VIIBA COIMTV	STIMMARY OF SERVICES FOR	TPCA ATTEMS	AID CODES	51 52 56	5.7		

YUBA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

YUBA COUNTY	SUMMARY OF SERVICES FOR	IRCA A	LIENS	AID (	CODES 51 52 56	5 /			
						MON	THLY AVERA	.GE -	
00 ELIGIBLES	USERS UNITS C	F SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	COST PER
	OR DAY	S OF CAR	E		PER UNIT/DAY	PER ELIG	USER	F	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000 \$		\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000 \$		\$	.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000 \$		\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000 \$		\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00

	2	•	0.0	0.0	000	0.0	0.0
INDEPENDENT FACILITY	0	0	.00	.00		.00	.00
@LABORATORY FACILITY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES I	MONTH-OF-PAYMENT R	EPORT FOR JA	N 2003 THRU	DEC 2003	PAGE 18,488
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR	R IRCA ALIEN	S AID	CODES 51 52	56 57		
					N	MONTHLY AVERA	GE
00 DITGIDI DO	TIGHDG INTERC	OF CERTIFICE		33755365 60	CE INITEC / DAI	TO GOOD DED	GOOT DED

					MON'.	CHLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
	. 40 4 00041	``````````````````````````````````````	T T T .				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,489
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04
YUBA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

IODII COOMII	DOINING OF DEEK	VICED IOIC III/III		WITHOUT DID HILD	CODE	33 30 31					
							MC	TNC	HLY AVERA	ιGΕ	
1,026 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	433	2,626	\$	235,909.21	\$	89.84	2.559	\$	544.82	\$	229.93
@PHYSICIANS SERVICES	166	336	\$	28,413.92	\$	84.57	.327	\$	171.17	\$	27.69
OUTPATIENT VISITS	52	42		5,203.04		123.88	.041		100.06		5.07
OFFICE VISITS	5	5		439.32		87.86	.005		87.86		.43
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	48	37	4,763.72	128.75	.036	99.24	4.64
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	23	39	1,757.27	45.06	.038	76.40	1.71
HOSPITAL VISITS	23	39	1,757.27	45.06	.038	76.40	1.71
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	26	56	14,655.89	261.71	.055	563.69	14.28
PRINCIPAL SURGEON	19	19	13,188.91	694.15	.019	694.15	12.85
ASSISTANT SURGEON	1	1	186.50	186.50	.001	186.50	.18
ANESTHESIOLOGIST	8	36	1,280.48	35.57	.035	160.06	1.25
OUTPATIENT SURGERY	5	8	219.67	27.46	.008	43.93	.21
PRINCIPAL SURGEON	4	4	125.66	31.42	.004	31.42	.12

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4		94.01	23.50	.004	94.01	.09
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	7	10		312.84	31.28	.010	44.69	.30
RADIOLOGY	83	143		4,552.61	31.84	.139	54.85	4.44
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2		38.76	19.38	.002	38.76	.04
OTHER SERVICES/ALL X-OVERS	16	36		1,673.84	46.50	.035	104.62	1.63
@PHARMACY	124	218	\$	7,018.02	\$ 32.19	.212	\$ 56.60	\$ 6.84
PRESCRIPTION DRUGS	119	199		4,971.89	24.98	.194	41.78	4.85
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	119	199		4,971.89	24.98	.194	41.78	4.85
MEDICAL SUPPLIES	9	19		2,046.13	107.69	.019	227.35	1.99
@DENTIST	8	17	\$	130.00	\$ 7.65	.017	\$ 16.25	\$ .13
VISITS - DIAGNOSTIC	8	16		130.00	8.13	.016	16.25	.13
ORAL SURGERY	2	1		.00	.00	.001	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	_	ES MONTH-OF	-PAYMENT REP	ORT FOR JAN	2003 THRU D	EC 2003	PAGE 18,490
MOP024	FEE-FOR-SERVICE/DENTAL	_						01/29/04

----- MONTHLY AVERAGE -----1,026 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$ .00 \$ .00 \$ DIAGNOSTIC AND ANC. PROCED 0 .00 .00 .000 .00 .00 .00 .00 .00 EYE APPLIANCES .000 .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .00 @CHIROPRACTOR 0 .00 \$ .00 .000 \$ .00 .00 0 .00 VISITS .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$ .00 \$ .00 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 .00 .00 .000 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 757.30 .015 63.11 50.49 17.30 NURSE ANESTHESIST 1 3 51.90 .003 51.90 \$ .05 13 88 8,414.05 95.61 .086 647.23 8.20 NURSE MIDWIFE \$ .00 .00 .000 .00 PEDIATRIC NURSE PRACTITIONER 0 \$ .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 .00 @TOTAL HOSPITAL 1,298 169,449.27 130.55 1.265 810.76 165.16 HOSP INPATIENT TOTAL 37 122 140,636.72 1152.76 .119 3800.99 137.07 HSC HOSPITALS 3 8 9,481.02 1185.13 .008 3160.34 9.24 NON-HSC HOSPITAL TOTAL 33 109 130,315.70 1195.56 .106 3948.96 127.01 109 379.92 41,411.59 .106 1254.90 40.36 ACCOMMODATIONS ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE 0 0 .00 .00 .000 .00 .00 ALL OTHER ACCOM 33 109 41,411.59 379.92 .106 1254.90 40.36 ANCILLARIES 0 88,904.11 .00 .000 2694.06 86.65

SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

YUBA COUNTY

INPATIENT CROSSOVERS	1	5			840.00		168.00	.005		840.00		.82
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	190	1,176		2	8,812.55		24.50	1.146		151.65		28.08
MEDICAL	28	39			1,806.21		46.31	.038		64.51		1.76
SURGERY	5	6			94.14		15.69	.006		18.83		.09
PATHOLOGY	110	424			5,694.67		13.43	.413		51.77		5.55
RADIOLOGY	55	70			3,837.69		54.82	.068		69.78		3.74
ROOM USE	68	162			5,458.66		33.70	.158		80.27		5.32
CROSSOVERS/ALL OTH OUTPTNT	69	475		1	1,921.18		25.10	.463		172.77		11.62
@COUNTY HOSPITAL TOTAL	2	6	\$		6,282.28	\$	1047.05	.006	\$ :	3141.14	\$	6.12
CO HOSPITAL INPATIENT TOTAL	1	5			5,975.00		1195.00	.005		5975.00		5.82
HSC HOSPITALS	1	5			5,975.00		1195.00	.005	!	5975.00		5.82
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	1	1			307.28		307.28	.001		307.28		.30
MEDICAL	0	0			.00		.00	.000		.00		.00
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1			307.28		307.28	.001		307.28		.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES	MONTH-OF-	PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC :	2003	F	PAGE 18,491
MOP024	FEE-FOR-SERVICE/DENTAL											01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR	MI/MN Z	ALIE	N WITHOUT	SIS AID	CODE	55 58 5F					
								M	ONTH	LY AVERA	GE.	

				MONTHLY AVERAGE							
1,026 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER			
		OR DAYS OF CARE		PER UNIT/DAY		USER		ELIGIBLE			
@COMMUNITY HOSPITAL TOTAL	207	1,292	\$ 163,166.99	\$ 126.29	1.259	788.25	\$	159.03			
COMM HOSP INPATIENT TOTAL	36	117	134,661.72	1150.95	.114	3740.60		131.25			
HSC HOSPITALS	2	3		1168.67		1753.01		3.42			
NON-HSC HOSPITALS TOTAL	33	109	130,315.70	1195.56	.106	3948.96		127.01			
ACCOMMODATIONS	33	109		379.92	.106	1254.90		40.36			
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00			
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00			
ALL OTHER ACCOM	33	109	41,411.59	379.92	.106	1254.90		40.36			
ANCILLARIES	33	0	88,904.11		.000	2694.06		86.65			
INPATIENT CROSSOVERS	1	5	840.00	168.00	.005	840.00		.82			
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00			
COMM HOSP OUTPATIENT TOTAL	189	1,175	28,505.27	24.26	1.145	150.82		27.78			
MEDICAL	28	39	1,806.21	46.31	.038	64.51		1.76			
SURGERY	5	6	94.14	15.69	.006	18.83		.09			
PATHOLOGY	110	424	5,694.67	13.43	.413	51.77		5.55			
RADIOLOGY	55	70	3,837.69	54.82	.068	69.78		3.74			
ROOM USE	68	162	5,458.66	33.70	.158	80.27		5.32			
CROSSOVERS/ALL OTH OUTPINT	68	474	11,613.90	24.50	.462	170.79		11.32			
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	.00	\$	.00			
MENTALLY ILL	0	0	.00	.00	.000	.00		.00			
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00			
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	.00	\$	.00			
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00			
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00			
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00			
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00			
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00			

LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	67	360	\$	5,617.61	\$	15.60	.351	\$	83.84	\$	5.48
PATHOLOGY	67	360		5,617.61		15.60	.351		83.84		5.48
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	72	146	\$	12,442.47	\$	85.22	.142	\$	172.81	\$	12.13
CLINIC	2	2		40.14		20.07	.002		20.07		.04
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	70	144		12,402.33		86.13	.140		177.18		12.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	O EXPENDITU	RES M	IONTH-OF-PAYMENT RE	PORT	FOR JAN	2003 THRU I	DEC	2003	PI	AGE 18,492
MOP024	FEE-FOR-SERVICE/DENTA	AL									01/29/04

YUBA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

						IIILI AVEKAGE	
1,026 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	33	145 \$	3,614.67	\$ 24.93	.141 \$	109.54 \$	3.52
DURABLE MED. EQUIP.	2	2	199.98	99.99	.002	99.99	.19
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	14	125	1,524.69	12.20	.122	108.91	1.49
AMBULANCES/AIR TRANS	14	125	1,524.69	12.20	.122	108.91	1.49
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	18	18	1,890.00	105.00	.018	105.00	1.84
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	1	0 \$	840.00	\$ .00	.000 \$	840.00 \$	.82
* TOTAL OF THE TIPE TARE ADD CIVE	NT AC A CEDAT	A THE TATE OF A THE THE TATE OF	TT 3.7 •				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

PER UNIT/DAY PER ELIG USER

ELIGIBLE

YUBA COUNTY	SUMMARY OF SERV	ICES FOR REFUGEES	AID (	CODES 01 02 08			
					MON		
37 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	10	58 \$	5,115.72	\$ 88.20	1.568 \$	511.57	\$ 138.26
@PHYSICIANS SERVICES	3	12 \$	1,536.60	\$ 128.05	.324 \$	512.20	\$ 41.53
OUTPATIENT VISITS	3	3	157.91	52.64	.081	52.64	4.27
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	
EMERGENCY ROOM	0	0		.00	.000		.00
PREVENTIVE CARE	U	U	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.027	126.31	3.41
OTHER OUTPATIENT	2	2	31.60	15.80	.054	15.80	.85
INPATIENT VISITS	1	1	53.79	53.79	.027	53.79	1.45
HOSPITAL VISITS	1	1	53.79	53.79	.027	53.79	1.45
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	Ô	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	4	1,216.85		.108	1216.85	32.89
	1	<del>1</del>		304.21			
PRINCIPAL SURGEON	1	1	1,088.56	1088.56	.027	1088.56	29.42
ASSISTANT SURGEON	0	U	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	128.29	42.76	.081	128.29	3.47
OUTPATIENT SURGERY	1	1	9.12	9.12	.027	9.12	. 25
PRINCIPAL SURGEON	1	1	9.12	9.12	.027	9.12	. 25
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	2	78.19	39.10	.054	39.10	2.11
RADIOLOGY	1	1	20.74	20.74	.027	20.74	.56
	1	0					
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	U	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	4	9 \$	187.86	\$ 20.87	.243 \$		
PRESCRIPTION DRUGS	3	8	187.86	23.48	.216	62.62	5.08
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	3	8	187.86	23.48	.216	62.62	5.08
MEDICAL SUPPLIES	1	1	.00	.00	.027	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
	0	0					
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	Ü	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	n O	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	_	S AND EXPENDITURES MON					
			NIU-OL-BAIMENI KI	POKI FOK JAN 2	TOOD THEO DE	∟ ⊿003	PAGE 18,494
MOP024	FEE-FOR-SERVICE			20000 01 00 00	0.7		01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR REFUGEES	AID (	CODES 01 02 08			
.=					MON'		
37 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OP DAVE OF CARE		DED IMITT/DAV	ביים קיזעט (FT.TC	HCKB	FT.TCTBT.F

OR DAYS OF CARE

@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00	j
DIAGNOSTIC AND ANC. PROCED	0	0	•	.00	·	.00	.000	•	.00	.00	j
EYE APPLIANCES	0	0		.00		.00	.000		.00	.00	į
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	.00	į
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00	i
VISITS	0	0		.00		.00	.000		.00	.00	į
OTHER SERVICES	0	0		.00		.00	.000		.00	.00	i
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00	į.
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00	į.
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00	1
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00	1
OTHER	0	0		.00		.00	.000		.00	.00	į.
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00	į.
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00	1
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00	Į
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00	į.

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	6	29	\$	2,902.51	\$	100.09	.784	\$	483.75	\$	78.45
HOSP INPATIENT TOTAL	1	2	•	2,412.01	•	1206.01	.054	-	2412.01		65.19
HSC HOSPITALS	1	2		2,412.01		1206.01	.054		2412.01		65.19
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6	27		490.50		18.17	.730		81.75		13.26
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		19.56		19.56	.027		19.56		.53
PATHOLOGY	4	20		212.20		10.61	.541		53.05		5.74
RADIOLOGY	2	2		122.78		61.39	.054		61.39		3.32
ROOM USE	2	4		135.96		33.99	.108		67.98		3.67
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			ES M	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2003 THRU I	DEC	2003	Ρ	PAGE 18,495
MOP024	FEE-FOR-SERVICE										01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR REFUGEE	S	AID	CODE	S 01 02 08					
					_		MC			_	
37 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	5 (	COST PER		COST PER

OR DAYS OF CARE  ©COMMUNITY HOSPITAL TOTAL  COMM HOSP INPATIENT TOTAL  HSC HOSPITALS  NON-HSC HOSPITALS TOTAL  OR DAYS OF CARE  29 \$ 2,902.51 \$ 100.09 .784 \$ 483.75 \$ 78.  2 2,412.01 1206.01 .054 2412.01 65.  2 2,412.01 1206.01 .054 2412.01 65.  2 2,412.01 1206.01 .054 2412.01 65.  3 2 2,412.01 1206.01 .054 2412.01 65.  3 2 2,412.01 1206.01 .054 2412.01 65.  4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3						MON'	THLY AVERA	GE
@COMMUNITY HOSPITAL TOTAL       6       29       \$       2,902.51       \$ 100.09       .784       \$ 483.75       \$ 78.         COMM HOSP INPATIENT TOTAL       1       2       2,412.01       1206.01       .054       2412.01       65.         HSC HOSPITALS       1       2       2,412.01       1206.01       .054       2412.01       65.         NON-HSC HOSPITALS TOTAL       0       0       .00       .00       .00       .00       .00       .00       .00	37 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
COMM HOSP INPATIENT TOTAL       1       2       2,412.01       1206.01       .054       2412.01       65.         HSC HOSPITALS       1       2       2,412.01       1206.01       .054       2412.01       65.         NON-HSC HOSPITALS TOTAL       0       0       .00       .00       .00       .00       .00       .00			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
HSC HOSPITALS       1       2       2,412.01       1206.01       .054       2412.01       65.         NON-HSC HOSPITALS TOTAL       0       0       .00       .00       .00       .00       .00       .00	OCOMMUNITY HOSPITAL TOTAL	6	29 \$	2,902.51	\$ 100.09	.784 \$	483.75	\$ 78.45
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00	COMM HOSP INPATIENT TOTAL	1	2	2,412.01	1206.01	.054	2412.01	65.19
	HSC HOSPITALS	1	2	2,412.01	1206.01	.054	2412.01	65.19
	NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 .00 .00	ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00 .00	ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .	TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 .	ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .	ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00 .00	INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00 .00	ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL 6 27 490.50 18.17 .730 81.75 13.	COMM HOSP OUTPATIENT TOTAL	6	27	490.50	18.17	.730	81.75	13.26
MEDICAL 0 0 0 .00 .00 .00 .00 .00 .00 .	MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY 1 1 19.56 19.56 .027 19.56 .	SURGERY	1	1	19.56	19.56	.027	19.56	.53
PATHOLOGY 4 20 212.20 10.61 .541 53.05 5.	PATHOLOGY	4	20	212.20	10.61	.541	53.05	5.74
RADIOLOGY 2 2 122.78 61.39 .054 61.39 3.	RADIOLOGY	2	2	122.78	61.39	.054	61.39	3.32
ROOM USE 2 4 135.96 33.99 .108 67.98 3.	ROOM USE	2	4	135.96	33.99	.108	67.98	3.67

CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	)	.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0		0		.00	1	.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00	)	.00	.000		.00		.00
@NURSING FACILITY	0		0	\$	.00		.00	.000	\$		\$	.00
LEV A-INTERMEDIATE	0		0	•	.00		.00	.000	•	.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$	.00		.00	.000	Ġ	.00	Ġ	.00
ICF DDH	0		Ô	٧	.00	•	.00	.000	~	.00	Ψ.	.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$	.00		.00	.000	\$	.00	Ġ	.00
HOSPITAL BASED	0		0	т	.00		.00	.000	τ.	.00	Ψ.	.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$	.00		.00	.000	\$	.00	Ġ	.00
HOSPITAL BASED	0		0	т	.00		.00	.000	τ.	.00	Ψ.	.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$	.00		.00	.000	Ś	.00	Ġ	.00
PATHOLOGY	0		0	т	.00		.00	.000	т	.00	т.	.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2		7	Ś	383.75		54.82	.189	Ś		Ś	10.37
CLINIC	1		6	т	302.11		50.35	.162	τ.	302.11	Ψ.	8.17
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	ĺ		ĺ		81.64		81.64	.027		81.64		2.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EX	PENDITURE	S MO					DEC		P.	AGE 18,496
MOP024	FEE-FOR-SERVICE											01/29/04
YUBA COUNTY	SUMMARY OF SERV	•	REFUGEES	;	AID	CODES	3 01 02 08	0.A				,,
									ONT	HLY AVERA	GE	
37 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	ERAGE COST		-	COST PER	_	COST PER
-:			OF CARE		01120		R UNIT/DAY			USER		ELIGIBLE
ANT OFFIED DROUTDEDG	1		1	4	105 00		105 00			105 00		-

					MON	IHLY AVERAG	近
37 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	1 \$	105.00	\$ 105.00	.027 \$	105.00	\$ 2.84
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.027	105.00	2.84
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,497 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES 0M 0N 0P

IUBA COUNTI	SUMMARY OF SERVICE	S FUR	BCCIP-FE	DEKAL	Al	ID CODES OF					
									THLY AVERA	GE.	
43 ELIGIBLES			SERVICE		EXPENDITURES		OST UNITS/DA		COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	68		949	\$	55,921.68	\$ 58.9	3 22.070	\$			1300.50
@PHYSICIANS SERVICES	40		645	\$	27,136.62	\$ 42.0	15.000	\$	678.42	\$	631.08
OUTPATIENT VISITS	23		37		1,324.90	35.8	.860		57.60		30.81
OFFICE VISITS	21		35		1,264.90	36.1	.4 .814		60.23		29.42
HOME VISITS	0		0		.00	. 0	.000		.00		.00
EMERGENCY ROOM	0		0		.00	. 0	.000		.00		.00
PREVENTIVE CARE	0		0		.00	. 0	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00	. C			.00		.00
OTHER OUTPATIENT	2		2		60.00	30.0			30.00		1.40
INPATIENT VISITS	0		0		.00	. 0			.00		.00
HOSPITAL VISITS	0		0		.00	.0			.00		.00
CRITICAL CARE	0		0		.00	.0			.00		.00
SNF/ICF/TRANS IP CARE	0		Ö		.00	. 0			.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	. 0			.00		.00
EXAMINATIONS	0		0		.00	. 0			.00		.00
SERVICES AND MATERIALS	0		0		.00	. 0			.00		.00
INPATIENT HOSPITAL SURGERY	5		27		1,672.91	61.9			334.58		38.90
PRINCIPAL SURGEON	2		2		1,011.91	505.9			505.96		23.53
ASSISTANT SURGEON	1		1		134.77	134.7			134.77		3.13
ANESTHESIOLOGIST	3		24		526.23	21.9			175.41		12.24
OUTPATIENT SURGERY	12		41		3,627.97	88.4			302.33		84.37
PRINCIPAL SURGEON	7		8		2,744.60	343.0			392.09		63.83
ASSISTANT SURGEON	2		2		2,744.00	104.2			104.25		4.85
ANESTHESIOLOGIST	2		31		674.88	21.7			134.98		
	0		0								15.69
DIALYSIS	0		0		.00	.0			.00		.00
PATHOLOGY	0				.00	.0			.00		.00
RADIOLOGY	6		11		1,039.67	94.5			173.28		24.18
PSYCHIATRY	0		0		.00	.0			.00		.00
IMMUNIZATION AND INJECTION	13		487		18,653.82	38.3			1434.91		433.81
OTHER SERVICES/ALL X-OVERS	14		42		817.35	19.4	.6 .977		58.38		19.01
@PHARMACY	38		139	\$	8,886.01	\$ 63.9		Ş		\$	206.65
PRESCRIPTION DRUGS	38		139		8,886.01	63.9			233.84		206.65
SNF/ICF	0		0		.00	. 0			.00		.00
OUTPATIENTS	38		139		8,886.01	63.9			233.84		206.65
MEDICAL SUPPLIES	0		0		.00	. 0			.00		.00
@DENTIST	0		0	\$	.00	\$.0		\$		\$	.00
VISITS - DIAGNOSTIC	0		0		.00	. 0			.00		.00
ORAL SURGERY	0		0		.00	. 0			.00		.00
DRUGS	0		0		.00	.0			.00		.00
ANESTHESIA	0		0		.00	.0	.000		.00		.00
PERIODONTICS	0		0		.00	. 0	.000		.00		.00
ENDODONTICS	0		0		.00	. 0	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00	. 0	.000		.00		.00
PROSTHETICS	0		0		.00	. 0	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00	. 0	.000		.00		.00
SPACE MAINTAINERS	0		0		.00	.0	.000		.00		.00

MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES 0 0 0 .00 .00 .00

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

.00 .00 .00 .000

.000

.000

.000

.00 .00 .00

.00 .00 PAGE 18,498

.00

.00

01/29/04

#CALIF DEPT OF HEALTH SERV MOP024 YIBA COUNTY

ALL OTHER SERVICES

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR BCCTP-FEDERAL

0

0

0

0

AID CODES OM ON OP

YUBA COUNTY	SUMMARY OF SERVI	CES FOR	BCCTP-F	EDERAL	A.	ID C	ODES OM ON	0P				
								MO	TNC	HLY AVERA	GE	
43 ELIGIBLES	USERS I	UNITS OF	SERVICE		EXPENDITURES	AV:	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS	OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1		1	\$	47.45	\$	47.45	.023	\$	47.45	\$	1.10
DIAGNOSTIC AND ANC. PROCED	1		1	•	47.45	•	47.45	.023		47.45		1.10
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$		\$	.00	.000	Ġ	.00	Ġ	.00
VISITS	0		0	Ş	.00	Ą	.00	.000	Ą	.00	Ą	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
	0		0	\$		\$		.000	4	.00	٠,	
@PODIATRIST	0			Þ		Ş	.00		Ş		Þ	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0				.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00	4.	.00	.000		.00	4.	.00
@HOME HEALTH AGENCY	0		0 0 0	\$		\$	.00	.000		.00		.00
NURSE ANESTHESIST	0		0	\$ \$ \$	.00	\$	.00	.000		.00		.00
NURSE MIDWIFE	0		0	\$		\$	.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER			Ō	\$	.00	\$	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00		.00
@TOTAL HOSPITAL	31		117	\$		\$	139.49	2.721	\$	526.48	\$	379.56
HOSP INPATIENT TOTAL	3		4		11,074.83		2768.71	.093		3691.61		257.55
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	3		4		11,074.83		2768.71	.093		3691.61		257.55
ACCOMMODATIONS	3		4		1,462.16		365.54	.093		487.39		34.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		0.0	.000		.00		.00
ALL OTHER ACCOM	3		4		1,462.16		365.54	.093		487.39		34.00
ANCILLARIES	3		0		9,612.67		365.54 .00	.000		3204.22		223.55
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0 0 28		Ö		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	28		113		5,246.05		46.43	2.628		187.36		122.00
MEDICAL	8		8		239.74		29.97	.186		29.97		5.58
SURGERY	4		4		316.90		79.23	.093		79.23		7.37
PATHOLOGY	20		55		1,174.33		21.35	1.279		58.72		27.31
RADIOLOGY	7		9		713.90		79.32	.209		101.99		16.60
ROOM USE	5		17		545.80		32.11	.395		109.16		12.69
CROSSOVERS/ALL OTH OUTPTNT	9		20		2,255.38		112.77	.465		281.92		52.45
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	Ġ	.00	Ġ	.00
CO HOSPITAL INPATIENT TOTAL	0		0	Ş	.00	Ą	.00	.000	Ą	.00	Ą	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
	0		0									
ACCOMMODATIONS	0				.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00

RADIOLOGY	0		0		.00	)	.00	.000	.00	.00
ROOM USE	0		0		.00	)	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	)	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXP	PENDITURES	MONTH-	-OF-PAYMENT	REPORT	FOR JAN	2003 THRU DE	C 2003	PAGE 18,499
MOP024	FEE-FOR-SERVICE/	DENTAL								01/29/04
YUBA COUNTY	SUMMARY OF SERVI	CES FOR	BCCTP-FED	ERAL		AID COL	ES OM ON	0P		
								MON	THLY AVERAG	GE
43 ELIGIBLES	USERS	UNITS OF	SERVICE	I	EXPENDITURES	AVEF	AGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	31		117 \$		16,320.88	\$	139.49	2.721 \$	526.48	\$ 379.56
COMM HOSP INPATIENT TOTAL	3		4		11,074.83	3 2	768.71	.093	3691.61	257.55
HSC HOSPITALS	0		0		.00	)	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3		4		11,074.83	3 2	768.71	.093	3691.61	257.55
ACCOMMODATIONS	3		4		1,462.16	·	365.54	.093	487.39	34.00
ADMINISTRATIVE DAYS	0		0		.00	)	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0		.00	)	.00	.000	.00	.00

ALL OTHER ACCOM	3	4		1,462.16		365.54	.093		487.39		34.00
ANCILLARIES	3	0		9,612.67		.00	.000		3204.22		223.55
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	28	113		5,246.05		46.43	2.628		187.36		122.00
MEDICAL	0	8		239.74		29.97	.186		29.97		5.58
	4										
SURGERY		4		316.90		79.23	.093		79.23		7.37
PATHOLOGY	20	55		1,174.33		21.35	1.279		58.72		27.31
RADIOLOGY	7	9		713.90		79.32	.209		101.99		16.60
ROOM USE	5	17		545.80		32.11	.395		109.16		12.69
CROSSOVERS/ALL OTH OUTPTNT	8	20		2,255.38		112.77	.465		281.92		52.45
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	т	.00	т.	.00	.000	-	.00	т.	.00
DEVELOP. DISABLED	Ů.	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	ċ,	.00	ċ,	.00
	0	0	Ş		Ą			Ą		Ą	
LEV A-INTERMEDIATE	U	U		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	Ś	.00
ICF DDH	Ů.	0	Υ	.00	٧	.00	.000	~	.00	Ψ.	.00
ICF DD	0	0		.00		.00	.000		.00		.00
	0	0									
ICF DDN/DDCN	U	0		.00	4.	.00	.000	4.	.00	4.	.00
@HEMODIALYSIS TOTAL	Ü	0	\$	.00	\$	.00	.000	Ş		\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	13	\$	295.70	\$	22.75	.302	Ċ	59.14	Ċ	6.88
PATHOLOGY	5	13	٧	295.70	٧	22.75	.302	Y	59.14	٧	6.88
	5	0									
XO AND OTHERS	17		4	.00	4	.00	.000	4	.00	4	.00
@ORGANIZED OUTPATIENT CLINIC	1 /	32	\$	2,761.79	\$	86.31	.744	Ş		\$	64.23
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	17	32		2,761.79		86.31	.744		162.46		64.23
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURE	ES MONT	H-OF-PAYMENT RI	EPORT	FOR JAN 2	2003 THRU	DEC	2003	PP	GE 18,500
MOP024	FEE-FOR-SERVICE/			_							01/29/04
YUBA COUNTY	SUMMARY OF SERVI		DER AT.	A:	TD COL	OFS OM ON	ΠP				01/23/01
10011 000111	BOTHMET OF BEICVE	end for been in		11.	ID COL	DED ON ON	M	ויייזא	א משונא ע דע	CE	
43 ELIGIBLES	USERS	INITES OF SERVICE		EXPENDITURES	7/ 7/ 7/ 7/		UNITS/DAY				OST PER
43 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							
	-	OR DAYS OF CARE		4.7.2			PER ELIG		USER		LIGIBLE
@ALL OTHER PROVIDERS	1	2	\$	473.23	\$	236.62	.047	Ş	473.23	Ş	11.01
DURABLE MED. EQUIP.	1	2		473.23		236.62	.047		473.23		11.01
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
	0	0									
ACUPUNCTURE	U	U		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	)	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	)	.00
PROSTHETICS	0	0	.00	.00	.000	.00	)	.00
ORTHOTICS	0	0	.00	.00	.000	.00	)	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	)	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	)	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	)	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	)	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	)	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	)	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	)	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	)	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	)	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	) \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	) \$	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,501 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

YUBA COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

10211 0001111	Sermant of Serv	1020 1011	20011 2		01.22	00225 011 01 00	MC	ONTHLY AVERA	AGE
00 ELIGIBLES	USERS	UNITS OF	SERVICE	:	EXPENDITURES	AVERAGE COST			COST PER
	0.0	OR DAYS				PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4		82	\$	5,277.93	\$ 64.37	.000		\$ .00
@PHYSICIANS SERVICES	2		4	\$	152.11	\$ 38.03	.000		\$ .00
OUTPATIENT VISITS	2		2	т	42.10	21.05	.000	21.05	.00
OFFICE VISITS	2		2		42.10	21.05	.000	21.05	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		Ô		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1		2		110.01	55.01	.000	110.01	.00
PRINCIPAL SURGEON	1		2		110.01	55.01	.000	110.01	.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00	.00
DIALYSIS	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
PSYCHIATRY	0		0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00	.00	.000	.00	.00
@PHARMACY	1		1	\$	6.69	\$ 6.69	.000	\$ 6.69	\$ .00
PRESCRIPTION DRUGS	1		1		6.69	6.69	.000	6.69	.00
SNF/ICF	0		0		.00	.00	.000	.00	.00
OUTPATIENTS	1		1		6.69	6.69	.000	6.69	.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00	.00
@DENTIST	0		0	\$	.00	\$ .00	.000	\$ .00	\$ .00

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MONTH-C	OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 18,502
MOP024	FEE-FOR-SERVICE/DENTAL						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR	R BCCTP-STATE-ONLY	AID CODES	OR OT OU	0V		
					MONT	HLY AVERAG	E

00					MON'.		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAYS		COST PER
OOD MOMENT TON	•	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0 0	0 \$	.00	\$ .00	.000 \$		
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	<u> </u>	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$	.00	
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000 \$		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00	•
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$		\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$		\$ .00
@TOTAL HOSPITAL	4	76 \$	5,032.15	\$ 66.21	.000 \$	1258.04	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	76	5,032.15	66.21	.000	1258.04	.00
MEDICAL	3	10	220.67	22.07	.000	73.56	.00
SURGERY	1	1	131.30	131.30	.000	131.30	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	13	575.35	44.26	.000	287.68	.00
CROSSOVERS/ALL OTH OUTPTNT	4	52	4,104.83	78.94	.000	1026.21	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	Ö	0	.00	.00	.000	.00	.00
	· ·	-		. 30			

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MC	NTH-OF-PAYMENT REPO	RT FOR JAN 20	03 THRU DE	EC 2003	PAGE 18,503
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
YUBA COUNTY	SUMMARY OF SERVICES	FOR BCCTP-STATE-	ONLY AID COD	ES OR OT OU O	V		
				-	MON	THLY AVERAG	E
00 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES A	VERAGE COST U	NITS/DAYS	COST PER	COST PER

00 ELIGIBLES	USERS	INTER OF CEDUTOR		EXPENDITURES	7/ 7/ 7/ 7	ים אמני מסמיי			COST PER	.GE	COST PER
00 FFIGIRES	USEKS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITORES		RAGE COST		_			
ACOMMINITAL HORDINAL MODAL	4	OR DAYS OF CARE		5,032.15		R UNIT/DAY 66.21	PER ELIG		USER 1258.04	\$	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4		\$	•	\$			Þ		Þ	.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	U		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	4	76		5,032.15		66.21	.000		1258.04		.00
MEDICAL	3	10		220.67		22.07	.000		73.56		.00
SURGERY	1	1		131.30		131.30	.000		131.30		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	13		575.35		44.26	.000		287.68		.00
CROSSOVERS/ALL OTH OUTPINT	4	52		4,104.83		78.94	.000		1026.21		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00		\$	.00	\$	.00
MENTALLY ILL	0	0	т.	.00	т.	.00	.000	т	.00	т	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	Ś	.00		\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0	Υ	.00	Υ	.00	.000	٧	.00	~	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B SOBACOTE HISTEL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00		\$	.00	\$	.00
ICF DDH	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
ICF DDH ICF DD	0	0		.00		.00	.000		.00		.00
	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0 0	d		à			4		4	
@HEMODIALYSIS TOTAL	0		\$	.00	\$	.00	.000	Þ	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	_	.00	.000		.00	_	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00		\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00

@ORGANIZED OUTPATIENT CLINIC	1		1	\$		86.98	\$	86.98	.000	\$	86.98	\$	.00
CLINIC	0		0			.00		.00	.000		.00		.00
SURGICENTER	0		0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1		1			86.98		86.98	.000		86.98		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXE	PENDITUR	ES MON	TH-OF-	-PAYMENT R	EPORT	FOR JAN	2003 THRU	DE	C 2003	P.	AGE 18,504
MOP024	FEE-FOR-SERVICE/D	ENTAL											01/29/04
YUBA COUNTY	SUMMARY OF SERVIC	ES FOR	BCCTP-S	TATE-C	NLY	AID	CODES	OR OT OU	0V				
										MON'	THLY AVERA	GE	
00 ELIGIBLES	USERS U	NITS OF	SERVICE		EXPE	ENDITURES	AVE	RAGE COST	UNITS/DA	YS	COST PER	(	COST PER
		OR DAYS	OF CARE				PER	UNIT/DAY	PER ELI	G	USER		ELIGIBLE
@ALL OTHER PROVIDERS	Ō		Λ	¢		.00	4	0.0	.000	۲	.00	Ś	.00
	U		U	Y		.00	Ą	.00	.000	Ą	.00	~	
DURABLE MED. EQUIP.	0		0	Ÿ		.00	Ą	.00	.000		.00	۲	.00
DURABLE MED. EQUIP. BLOOD BANK	0 0		0	٧			Ą					٧	
	0 0 0		0 0 0	Ÿ		.00	Ÿ	.00	.000	·	.00	٧	.00
BLOOD BANK	0 0 0 0		0 0 0 0	Ÿ		.00	Ş	.00	.000	·	.00	Ψ	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,505 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 YUBA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

TODII COONTI	MONTHLY AVED						<b>~ -</b>
42 FI TGTPI FG	Hanna	IBITES OF SERVICE		ATTERNACE COCE	-	NTHLY AVERA	_
43 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	72	1,031 \$	61,199.61	\$ 59.36	23.977		•
@PHYSICIANS SERVICES	42	649 \$	,	\$ 42.05	15.093	•	•
OUTPATIENT VISITS	25	39	1,367.00	35.05	.907	54.68	31.79
OFFICE VISITS	23	37	1,307.00	35.32	.860	56.83	30.40
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	60.00	30.00	.047	30.00	1.40
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	27	1,672.91	61.96	.628	334.58	38.90
PRINCIPAL SURGEON	2	2	1,011.91	505.96	.047	505.96	23.53
ASSISTANT SURGEON	1	1	134.77	134.77	.023	134.77	3.13
ANESTHESIOLOGIST	3	24	526.23	21.93	.558	175.41	12.24
OUTPATIENT SURGERY	13	43	3,737.98	86.93	1.000	287.54	86.93
PRINCIPAL SURGEON	8	10	2,854.61	285.46	.233	356.83	66.39
ASSISTANT SURGEON	2	2	208.49	104.25	.047	104.25	4.85
ANESTHESIOLOGIST	5	31	674.88	21.77	.721	134.98	15.69
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	6	11		1,039.67		94.52	.256		173.28		24.18
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	13	487		18,653.82		38.30	11.326		1434.91		433.81
OTHER SERVICES/ALL X-OVERS	14	42		817.35		19.46	.977		58.38		19.01
@PHARMACY	39	140	\$	8,892.70	\$	63.52	3.256	\$	228.02	\$	206.81
PRESCRIPTION DRUGS	39	140		8,892.70		63.52	3.256		228.02		206.81
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	39	140		8,892.70		63.52	3.256		228.02		206.81
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MON	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC	2003	PI	AGE 18,506
MOP024	FEE-FOR-SERVICE/DENTA	L									01/29/04
	~										

SUMMARY OF SERVICES FOR BCCTP-TOTAL

YUBA COUNTY

YUBA COUNTY	SUMMARY OF SERVICES	FOR BCCIP-I	UAL				7.00	O N T IT		αп	
42 ELICIDIES	USERS UNIT:	C OF CEDITOR	,	EXPENDITURES	7/ 7/ 7/ 17	DACE COCE	UNITS/DAY		HLY AVERA COST PER	ŒĽ.	COST PER
43 ELIGIBLES		S OF SERVICE		EXPENDITORES				5			
CODMONARMOTOM	OR I	DAYS OF CARE		45 45		UNIT/DAY	PER ELIG	4	USER	4	ELIGIBLE
@OPTOMETRIST	1	1	\$	47.45	\$	47.45	.023	Ş		\$	1.10
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.023		47.45		1.10
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	_	.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	35	193	\$	21,353.03	\$	110.64	4.488	\$	610.09	\$	496.58
HOSP INPATIENT TOTAL	3	4		11,074.83		2768.71	.093		3691.61		257.55
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	3	4		11,074.83		2768.71	.093		3691.61		257.55
ACCOMMODATIONS	3	4		1,462.16		365.54	.093		487.39		34.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	4		1,462.16		365.54	.093		487.39		34.00
ANCILLARIES	3	0		9,612.67		.00	.000		3204.22		223.55
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	32	189		10,278.20		54.38	4.395		321.19		239.03
MEDICAL	11	18		460.41		25.58	.419		41.86		10.71

SURGERY	5	5		448.20		89.64	.116		89.64	1	0.42
PATHOLOGY	20	55		1,174.33		21.35	1.279		58.72	2	27.31
RADIOLOGY	7	9		713.90		79.32	.209		101.99	1	6.60
ROOM USE	7	30		1,121.15		37.37	.698		160.16	2	26.07
CROSSOVERS/ALL OTH OUTPTNT	12	72		6,360.21		88.34	1.674		530.02	14	17.91
@COUNTY HOSPITAL TOTAL	0	0 \$	;	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	•	.00	.000	-	.00	•	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-	PAYMENT RE	PORT F	OR JAN	2003 THRU	DEC	2003	PAGE	18,507
MOP024	FEE-FOR-SERVICE/DENTAL	L								01	1/29/04
YUBA COUNTY	SUMMARY OF SERVICES FO	OR BCCTP-TOT	AL								
								MONTE	ILY AVERA	GE	

					MC	NTHLY AVERA	AGE	
43 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	35	193	\$ 21,353.03	\$ 110.64	4.488	\$ 610.09	\$	496.58
COMM HOSP INPATIENT TOTAL	3	4	11,074.83	2768.71	.093	3691.61		257.55
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	3	4	11,074.83	2768.71	.093	3691.61		257.55
ACCOMMODATIONS	3	4	1,462.16	365.54	.093	487.39		34.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	3	4	1,462.16	365.54	.093	487.39		34.00
ANCILLARIES	3	0	9,612.67	.00	.000	3204.22		223.55
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	32	189	10,278.20	54.38	4.395	321.19		239.03
MEDICAL	11	18	460.41	25.58	.419	41.86		10.71
SURGERY	5	5	448.20	89.64	.116	89.64		10.42
PATHOLOGY	20	55	1,174.33	21.35	1.279	58.72		27.31
RADIOLOGY	7	9	713.90	79.32	.209	101.99		16.60
ROOM USE	7	30	1,121.15	37.37	.698	160.16		26.07
CROSSOVERS/ALL OTH OUTPTNT	12	72	6,360.21	88.34	1.674	530.02		147.91
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	•	\$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	•	\$	.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0	.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$	.00	.000	\$ .00	\$	.00
HOSPITAL BASED	0	0	.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000	\$ .00	\$	.00
HOSPITAL BASED	0	0	.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	5	13 \$	295.70	\$	22.75	.302	\$ 59.14	\$	6.88
PATHOLOGY	5	13	295.70		22.75	.302	59.14		6.88
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	18	33 \$	2,848.77	\$	86.33	.767	\$ 158.27	\$	66.25
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	18	33	2,848.77		86.33	.767	158.27		66.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	S MONTH-OF-PAYMENT	REPORT	FOR JAN	2003 THRU 1	DEC 2003	Ρ.	AGE 18,508
MOP024	FEE-FOR-SERVICE/DENT	AL							01/29/04
YUBA COUNTY	SUMMARY OF SERVICES	FOR BCCTP-TOT	ΓAL						
						Mo	ONTHLY AVERA	AGE	

						ILI AVEKAGE	
43 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG		ELIGIBLE
@ALL OTHER PROVIDERS	1	2 \$	473.23	\$ 236.62	.047 \$	473.23 \$	11.01
DURABLE MED. EQUIP.	1	2	473.23	236.62	.047	473.23	11.01
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
* TOTALC IN THECE LINES ARE CIVEN	T 7 C 7 CED7D	ATE THEODMATION TTEM	NT V ·	•	,		

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,509
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

YUBA COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

280 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

@TOTAL, ALL PROVIDERS	44	114	\$ 2,786.48	\$ 24.44	.407	\$ 63.	33 \$	9.95
@PHYSICIANS SERVICES	23	48	\$ 1,297.97	\$ 27.04	.171	\$ 56.	43 \$	4.64
OUTPATIENT VISITS	0	0	.00	.00	.000		0.0	.00
OFFICE VISITS	0	0	.00	.00	.000		0.0	.00
HOME VISITS	0	0	.00	.00	.000		0.0	.00
EMERGENCY ROOM	0	0	.00	.00	.000		0.0	.00
PREVENTIVE CARE	0	0	.00	.00	.000		0.0	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		0.0	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		0.0	.00
INPATIENT VISITS	0	0	.00	.00	.000		0.0	.00
HOSPITAL VISITS	0	0	.00	.00	.000		0.0	.00
CRITICAL CARE	0	0	.00	.00	.000		0.0	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		0.0	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		0.0	.00
EXAMINATIONS	0	0	.00	.00	.000		0.0	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		0.0	.00

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	23	48	1,297.97	27.04	.171	56.43	4.64
@PHARMACY	4	13 \$	200.80	\$ 15.45	.046 \$		\$ .72
PRESCRIPTION DRUGS	0	1	12.74CR	12.74CR	.004	.00	.05CR
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	1	12.74CR		.004	.00	.05CR
MEDICAL SUPPLIES	4	12	213.54	17.80	.043	53.39	.76
@DENTIST	1	 0 \$	.00	\$ .00	.000 \$		\$ .00
VISITS - DIAGNOSTIC	1	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES N					PAGE 18,510
MOP024	FEE-FOR-SERVICE						01/29/04
YUBA COUNTY	SUMMARY OF SERV			AID CODE	80		01/25/01
YUBA COUNTY	SUMMARY OF SERV	ICES FOR QMB - ONLY		AID CODE	80 MONT	HLY AVERAG	
YUBA COUNTY  280 ELIGIBLES	SUMMARY OF SERV USERS		EXPENDITURES	AID CODE  AVERAGE COST	MONT	COST PER	
	USERS	ICES FOR QMB - ONLY		AVERAGE COST PER UNIT/DAY	MONT	COST PER USER	GE COST PER ELIGIBLE
	USERS 1	ICES FOR QMB - ONLY UNITS OF SERVICE	EXPENDITURES 3.46	AVERAGE COST PER UNIT/DAY \$ 1.73	MONT	COST PER USER	GE COST PER
280 ELIGIBLES	USERS	ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE 2 \$ 0	3.46	AVERAGE COST PER UNIT/DAY \$ 1.73 .00	MONT UNITS/DAYS PER ELIG .007 \$ .000	COST PER USER 3.46 .00	COST PER ELIGIBLE \$ .01
280 ELIGIBLES @OPTOMETRIST	USERS 1	ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE 2 \$ 0 0	3.46	AVERAGE COST PER UNIT/DAY \$ 1.73 .00 .00	MONT UNITS/DAYS PER ELIG .007 \$	COST PER USER 3.46 .00	GE COST PER ELIGIBLE \$ .01
280 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	USERS 1	ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE 2 \$ 0 0 2	3.46 .00 .00 3.46	AVERAGE COST PER UNIT/DAY \$ 1.73 .00 .00	MONT UNITS/DAYS PER ELIG .007 \$ .000 .000	COST PER USER 3.46 .00 .00 3.46	COST PER ELIGIBLE \$ .01 .00 .00 .01
280 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	USERS 1	ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE 2 \$ 0 0	3.46 .00 .00 3.46	AVERAGE COST PER UNIT/DAY \$ 1.73 .00 .00 1.73 \$ .00	MONT UNITS/DAYS PER ELIG .007 \$ .000 .000 .007 .000 \$	OST PER USER 3.46 .00 .00 3.46 .00	COST PER ELIGIBLE \$ .01 .00 .00 .01 \$ .00
280 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	USERS 1	ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE 2 \$ 0 0 2	3.46 .00 .00 3.46 .00	AVERAGE COST PER UNIT/DAY \$ 1.73 .00 .00 1.73 \$ .00 .00	MONT UNITS/DAYS PER ELIG .007 \$ .000 .000 .007 .000 \$	USER 3.46 .00 .00 3.46 .00 .00	COST PER ELIGIBLE \$ .01 .00 .00 .01 \$ .00 .00
280 ELIGIBLES  @OPTOMETRIST    DIAGNOSTIC AND ANC. PROCED    EYE APPLIANCES    OTHER OPTOMETRIC SERVICES @CHIROPRACTOR    VISITS    OTHER SERVICES	USERS 1	ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE  2 \$ 0 0 2 2 0 \$ 0 0 0	3.46 .00 .00 3.46 .00 .00	AVERAGE COST PER UNIT/DAY \$ 1.73 .00 .00 .1.73 \$ .00 .00 .00	MONT UNITS/DAYS PER ELIG .007 \$ .000 .000 .007 .000 \$ .000 \$	USER 3.46 .00 .00 3.46 .00 .00 .00 .00	COST PER ELIGIBLE \$ .01 .00 .00 .01 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
280 ELIGIBLES  @OPTOMETRIST    DIAGNOSTIC AND ANC. PROCED    EYE APPLIANCES    OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR    VISITS    OTHER SERVICES  @PODIATRIST	USERS  1 0 0 1 0 0 0 0 0 0 0	ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE 2 \$ 0 0 2 2 0 \$ 0 0 0 5	3.46 .00 .00 3.46 .00 .00	AVERAGE COST PER UNIT/DAY \$ 1.73 .00 .00 .1.73 \$ .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .007 \$ .000 .007 .000 .007 .000 \$ .000	USER 3.46 .00 .00 3.46 .00 .00 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ .01 .00 .00 .01 \$ .00 .00 .00 .00 \$ .00
280 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	USERS  1 0 0 1 0 0 0 0 0 0 0 0	ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE 2 \$ 0 0 5 0 5 0 5 0 5	3.46 .00 .00 3.46 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 1.73 .00 .00 1.73 \$ .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .007 \$ .000 .000 .007 .000 \$ .000 .000 .000 .000	USER 3.46 .00 .00 3.46 .00 .00 3.00 .00 .00 .00	GE COST PER ELIGIBLE \$ .01 .00 .00 .01 \$ .00 .00 .00 .00 .00 .00 .00
280 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	USERS  1 0 0 1 0 0 0 0 0 0 0 0 0 0	ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE 2 \$ 0 0 2 0 5 0 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	3.46 .00 .00 3.46 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 1.73 .00 .00 1.73 \$ .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .007 \$ .000 .007 .000 .007 .000 \$ .000 .000 .000 .000 .000	OST PER USER 3.46 .00 .00 3.46 .00 .00 .00 .00	GE COST PER ELIGIBLE \$ .01 .00 .00 .01 \$ .00 .00 .00 .00 .00 .00 .00 .00
280 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	USERS  1 0 0 1 0 0 0 0 0 0 0 0 0 0 0	ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE  2 \$ 0 0 \$ 0 2 \$ 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0	3.46 .00 .00 3.46 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 1.73 .00 .00 .1.73 \$ .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .007 \$ .000 .007 .000 \$ .000 \$ .000 .000 \$ .000 \$ .000	USER USER 3.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .01 .00 .00 .01 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
280 ELIGIBLES  @OPTOMETRIST    DIAGNOSTIC AND ANC. PROCED    EYE APPLIANCES    OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR    VISITS    OTHER SERVICES  @PODIATRIST    MEDICINE/INJECTIONS    SURGERY/ANES.    RADIO./PATHOLOGY    OTHER	USERS  1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0	ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE  2 \$ 0 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	3.46 .00 .00 3.46 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 1.73 .00 .00 .1.73 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .007 \$ .000 .007 .000 \$ .000 .000 .000 .000 .000 .000 .0	OST PER USER 3.46 .00 .00 3.46 .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ .01 .00 .00 .01 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
280 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	USERS  1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE  2 \$ 0 0 2 0 5 0 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	3.46 .00 .00 3.46 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 1.73 .00 .00 .1.73 \$ .00 .00 .00 .00 .00 .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .007 \$ .000 .000 .007 .000 \$ .000 .000 .000 .000 .000 .000 .0	USER 3.46 .00 .00 3.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .01 .00 .00 .01 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
280 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	USERS  1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE  2 \$ 0 0 2 2 0 \$ 0 \$ 0 0 5 0 0 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	3.46 .00 .00 3.46 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 1.73	MONT UNITS/DAYS PER ELIG .007 \$ .000 .000 .007 .000 \$ .000 .000 .000 .000 .000 .000 .0	USER 3.46 .00 .00 3.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .01 .00 .00 .01 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
280 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	USERS  1 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE  2 \$ 0 0 2 2 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 0	3.46 .00 .00 3.46 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 1.73	MONT UNITS/DAYS PER ELIG .007 \$ .000 .000 .007 .000 \$ .000 .000 .000 .000 .000 .000 .0	OST PER USER 3.46 .00 .00 3.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .01 .00 .00 .00 .00 .00 .00 .00 .00 .00
280 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	USERS  1 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE  2 \$ 0 0 2 2 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	3.46 .00 .00 3.46 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 1.73	MONT UNITS/DAYS PER ELIG .007 \$ .000 .000 .007 .000 \$ .000 .000 .000 .000 .000 .000 .0	OST PER USER 3.46 .00 .00 3.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$ .01 .00 .00 .01 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
280 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	USERS  1 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE  2 \$ 0 0 2 2 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	3.46 .00 .00 3.46 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 1.73	MONT UNITS/DAYS PER ELIG .007 \$ .000 .000 .007 .000 \$ .000 .000 .000 .000 .000 .000 .0	OST PER USER 3.46 .00 .00 3.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$ .01 .00 .00 .01 \$ .00 .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
280 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	USERS  1 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE  2 \$ 0 0 2 2 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	3.46 .00 .00 3.46 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 1.73	MONT UNITS/DAYS PER ELIG .007 \$ .000 .000 .007 .000 \$ .000 .000 .000 .000 .000 .000 .0	OST PER USER 3.46 .00 .00 3.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$ .01 .00 .00 .01 \$ .00 .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
280 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	USERS  1 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 4 0	ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE  2 \$ 0 0 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0	3.46 .00 .00 3.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE COST PER UNIT/DAY \$ 1.73	MONT UNITS/DAYS PER ELIG .007 \$ .000 .000 .007 .000 \$ .000 .000 .000 .000 .000 .000 .0	OST PER USER 3.46 .00 .00 3.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$ .01 .00 .00 .01 \$ .00 .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
280 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	USERS  1 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ICES FOR QMB - ONLY  UNITS OF SERVICE OR DAYS OF CARE  2 \$ 0 0 2 2 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	3.46 .00 .00 3.46 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 1.73	MONT UNITS/DAYS PER ELIG .007 \$ .000 .000 .007 .000 \$ .000 .000 .000 .000 .000 .000 .0	OST PER USER 3.46 .00 .00 3.46 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$ .01 .00 .00 .01 \$ .00 .00 \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	Ô	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0					
ANCILLARIES	Ü	Ü	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	14	280.87	20.06	.050	70.22	1.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	Ô	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0					
ROOM USE	Ü	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	14	280.87	20.06	.050	70.22	1.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	Ô	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	Ü	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	Ω	Λ	.00	.00	.000	.00	.00
		U	.00				
	0	0					
RADIOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY ROOM USE	0	0	.00	.00	.000	.00	.00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0 0 0 0	0 0 0 0	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES MON	.00 .00 .00	.00 .00 .00	.000 .000 .000	.00 .00 .00	.00 .00 .00 PAGE 18,511
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA	D EXPENDITURES MON AL	.00 .00 .00	.00 .00 .00 PORT FOR JAN 2	.000 .000 .000 :003 THRU DEC	.00 .00 .00	.00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	D EXPENDITURES MON AL	.00 .00 .00	.00 .00 .00	.000 .000 .000 .003 THRU DEC	.00 .00 .00 2003	.00 .00 .00 PAGE 18,511 01/29/04
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES I	O EXPENDITURES MON AL FOR QMB - ONLY	.00 .00 .00 NTH-OF-PAYMENT RE	.00 .00 .00 PORT FOR JAN 2 AID CODE	.000 .000 .000 :003 THRU DEC	.00 .00 .00 2003	.00 .00 .00 PAGE 18,511 01/29/04
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES IN USERS UNITS	D EXPENDITURES MON AL FOR QMB - ONLY S OF SERVICE	.00 .00 .00	.00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST	.000 .000 .000 .003 THRU DEC 80 MONT UNITS/DAYS	.00 .00 .00 2003 HLY AVERAG	.00 .00 .00 PAGE 18,511 01/29/04 GE COST PER
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  280 ELIGIBLES	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES IN USERS UNITS OR I	D EXPENDITURES MONAL FOR QMB - ONLY S OF SERVICE DAYS OF CARE	.00 .00 .00 NTH-OF-PAYMENT RE	.00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY	.000 .000 .000 .003 THRU DEC 80 MONT UNITS/DAYS PER ELIG	.00 .00 .00 2003 HLY AVERAG COST PER USER	.00 .00 .00 PAGE 18,511 01/29/04 EE COST PER ELIGIBLE
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES IN USERS UNITS	D EXPENDITURES MON AL FOR QMB - ONLY S OF SERVICE	.00 .00 .00 NTH-OF-PAYMENT RE	.00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST	.000 .000 .000 .003 THRU DEC 80 MONT UNITS/DAYS	.00 .00 .00 2003 HLY AVERAG	.00 .00 .00 PAGE 18,511 01/29/04 EE COST PER ELIGIBLE
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  280 ELIGIBLES	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES IN USERS UNITS OR I	D EXPENDITURES MONAL FOR QMB - ONLY S OF SERVICE DAYS OF CARE	.00 .00 .00 NTH-OF-PAYMENT RE	.00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY	.000 .000 .000 .003 THRU DEC 80 MONT UNITS/DAYS PER ELIG	.00 .00 .00 2003 HLY AVERAG COST PER USER	.00 .00 .00 PAGE 18,511 01/29/04 EE COST PER ELIGIBLE
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  280 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES IN USERS UNITS OR I	D EXPENDITURES MONAL FOR QMB - ONLY S OF SERVICE DAYS OF CARE 14 \$	.00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 280.87	.00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 20.06	.000 .000 .000 .003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .050 \$	.00 .00 .00 2003 HLY AVERAG COST PER USER 70.22	.00 .00 .00 PAGE 18,511 01/29/04 SE COST PER ELIGIBLE \$ 1.00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  280 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES IN USERS UNITS OR I	D EXPENDITURES MONAL FOR QMB - ONLY S OF SERVICE DAYS OF CARE 14 \$	.00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 280.87 .00	.00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 20.06 .00	.000 .000 .000 .003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .050 \$	.00 .00 .00 2003 HLY AVERAGE COST PER USER 70.22 .00	.00 .00 .00 PAGE 18,511 01/29/04 GE COST PER ELIGIBLE \$ 1.00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  280 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES IN USERS UNITS OR I	D EXPENDITURES MONAL FOR QMB - ONLY S OF SERVICE DAYS OF CARE 14 \$	.00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 280.87 .00 .00	.00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 20.06 .00 .00	.000 .000 .000 .003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .050 \$ .000 .000	.00 .00 .00 2003 HLY AVERAGE COST PER USER 70.22 .00 .00	.00 .00 .00 PAGE 18,511 01/29/04 SE COST PER ELIGIBLE \$ 1.00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  280 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES IN USERS UNITS OR I	D EXPENDITURES MONAL FOR QMB - ONLY S OF SERVICE DAYS OF CARE 14 \$	.00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 280.87 .00 .00	.00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 20.06 .00 .00	.000 .000 .000 .003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .050 \$ .000 .000	.00 .00 .00 2003 HLY AVERAGE COST PER USER 70.22 .00 .00 .00	.00 .00 .00 PAGE 18,511 01/29/04 SE COST PER ELIGIBLE \$ 1.00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  280 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES IN USERS UNITS OR I	D EXPENDITURES MONAL FOR QMB - ONLY S OF SERVICE DAYS OF CARE 14 \$	.00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 280.87 .00 .00	.00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 20.06 .00 .00 .00	.000 .000 .000 .003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .050 \$ .000 .000 .000	.00 .00 .00 2003 HLY AVERAGE COST PER USER 70.22 .00 .00 .00	.00 .00 .00 PAGE 18,511 01/29/04 GE COST PER ELIGIBLE \$ 1.00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  280 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES IN USERS UNITS OR I	D EXPENDITURES MONAL FOR QMB - ONLY S OF SERVICE DAYS OF CARE 14 \$	.00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 280.87 .00 .00 .00	.00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 20.06 .00 .00 .00	.000 .000 .000 .003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .050 \$ .000 .000 .000	.00 .00 .00 2003 HLY AVERAGE COST PER USER 70.22 .00 .00 .00	.00 .00 .00 PAGE 18,511 01/29/04 GE COST PER ELIGIBLE \$ 1.00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  280 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR IT ALL TO THE PROPERTY OF	D EXPENDITURES MONAL FOR QMB - ONLY S OF SERVICE DAYS OF CARE 14 \$	.00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 280.87 .00 .00 .00	.00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 20.06 .00 .00 .00 .00	.000 .000 .000 .003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .050 \$ .000 .000 .000	.00 .00 .00 2003 HLY AVERAGE COST PER USER 70.22 .00 .00 .00	.00 .00 .00 PAGE 18,511 01/29/04 GE COST PER ELIGIBLE \$ 1.00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  280 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR IT ALL TO THE PROPERTY OF	D EXPENDITURES MONAL FOR QMB - ONLY S OF SERVICE DAYS OF CARE 14 \$ 0 0 0 0 0 0 0	.00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 280.87 .00 .00 .00	.00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 20.06 .00 .00 .00 .00	.000 .000 .000 .003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .050 \$ .000 .000 .000 .000	.00 .00 .00 2003 HLY AVERAGE COST PER USER 70.22 .00 .00 .00	.00 .00 .00 .00 PAGE 18,511 01/29/04 SEE
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  280 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR IT ALL TO THE PROPERTY OF	D EXPENDITURES MONAL FOR QMB - ONLY S OF SERVICE DAYS OF CARE 14 \$ 0 0 0 0 0 0 0 0 0	.00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 280.87 .00 .00 .00 .00	.00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 20.06 .00 .00 .00 .00 .00	.000 .000 .000 .003 THRU DEC 80 	.00 .00 .00 2003 HLY AVERAGE COST PER USER 70.22 .00 .00 .00	.00 .00 .00 .00 PAGE 18,511 01/29/04 SE COST PER ELIGIBLE \$ 1.00 .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  280 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES BUSERS UNITS OR DESCRIPTION OF THE PROPERTY OF	D EXPENDITURES MONAL FOR QMB - ONLY S OF SERVICE DAYS OF CARE 14 \$ 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 280.87 .00 .00 .00 .00 .00	.00 .00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 20.06 .00 .00 .00 .00 .00 .00	.000 .000 .000 .003 THRU DEC 80 .003 THRU DEC 80 .0050 \$ .000 .000 .000 .000 .000 .000 .000	.00 .00 .00 2003 HLY AVERAGE COST PER USER 70.22 .00 .00 .00 .00	.00 .00 .00 .00 PAGE 18,511 01/29/04 GE COST PER ELIGIBLE \$ 1.00 .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  280 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES BUSERS UNITS OR DESCRIPTION OF THE PROPERTY O	D EXPENDITURES MONAL FOR QMB - ONLY S OF SERVICE DAYS OF CARE 14 \$ 0 0 0 0 0 0 0 0 14	.00 .00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 280.87 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 20.06 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .050 \$ .000 .000 .000 .000 .000 .000	.00 .00 .00 2003 HLY AVERAGE COST PER USER 70.22 .00 .00 .00 .00 .00	.00 .00 .00 .00 PAGE 18,511 01/29/04 SE COST PER ELIGIBLE \$ 1.00 .00 .00 .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  280 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES BUSERS UNITS OR DESCRIPTION OF THE PROPERTY OF	D EXPENDITURES MONAL FOR QMB - ONLY S OF SERVICE DAYS OF CARE 14 \$ 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 280.87 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 20.06 .00 .00 .00 .00 .00 .00	.000 .000 .000 .003 THRU DEC 80 .003 THRU DEC 80 .0050 \$ .000 .000 .000 .000 .000 .000 .000	.00 .00 .00 2003 HLY AVERAGE COST PER USER 70.22 .00 .00 .00 .00	.00 .00 .00 .00 PAGE 18,511 01/29/04 GE COST PER ELIGIBLE \$ 1.00 .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  280 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES BUSERS UNITS OR DESCRIPTION OF THE PROPERTY O	D EXPENDITURES MONAL FOR QMB - ONLY S OF SERVICE DAYS OF CARE 14 \$ 0 0 0 0 0 0 0 0 14	.00 .00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 280.87 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 20.06 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .050 \$ .000 .000 .000 .000 .000 .000	.00 .00 .00 2003 HLY AVERAGE COST PER USER 70.22 .00 .00 .00 .00 .00	.00 .00 .00 .00 PAGE 18,511 01/29/04 SE COST PER ELIGIBLE \$ 1.00 .00 .00 .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  280 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES BUSERS UNITS OR DESCRIPTION OF THE PROPERTY O	D EXPENDITURES MONAL FOR QMB - ONLY S OF SERVICE DAYS OF CARE 14 \$ 0 0 0 0 0 0 0 0 14	.00 .00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 280.87 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 20.06 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .050 \$ .000 .000 .000 .000 .000 .000 .000	.00 .00 .00 2003 HLY AVERAGE COST PER USER 70.22 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 PAGE 18,511 01/29/04 SE COST PER ELIGIBLE \$ 1.00 .00 .00 .00 .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  280 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES BUSINESS OR INTEGRAL OF THE SERVICES BUSINESS OR INTEGRAL OF THE SERVICES BUSINESS OR INTEGRAL OF THE SERVICES AND THE SERVICES BUSINESS OF THE SERVICES AND THE S	D EXPENDITURES MONAL FOR QMB - ONLY S OF SERVICE DAYS OF CARE 14 \$ 0 0 0 0 0 0 0 14 0 0	.00 .00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 280.87 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 20.06 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .003 THRU DEC 80 MONT UNITS/DAYS PER ELIG .050 \$ .000 .000 .000 .000 .000 .000 .000	.00 .00 .00 2003 HLY AVERAGE COST PER USER 70.22 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 PAGE 18,511 01/29/04 SE COST PER ELIGIBLE \$ 1.00 .00 .00 .00 .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  280 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES BY UNITS OR IT ALL TO THE PROPERTY OF THE PRO	D EXPENDITURES MONAL FOR QMB - ONLY S OF SERVICE DAYS OF CARE 14 \$ 0 0 0 0 0 0 0 14 0 0 0 0	.00 .00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 280.87 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 20.06 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .003 THRU DEC .000 .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 2003 HLY AVERAGE COST PER USER 70.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 PAGE 18,511 01/29/04 SEE
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  280 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES BY UNITS OR IT ALL TO THE PROPERTY OF THE PRO	D EXPENDITURES MONAL FOR QMB - ONLY  S OF SERVICE DAYS OF CARE  14 \$ 0 0 0 0 0 0 0 14 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 280.87 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 20.06 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .003 THRU DEC .000 .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 .00 2003 HLY AVERAGE COST PER USER 70.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 PAGE 18,511 01/29/04 SEE
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  280 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES BUSERS UNITS OR DESCRIPTION OF THE PROPERTY OF	D EXPENDITURES MONAL FOR QMB - ONLY  S OF SERVICE DAYS OF CARE  14 \$ 0 0 0 0 0 0 0 14 0 0 0 0 14	.00 .00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 280.87 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 20.06 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .003 THRU DEC .000 .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 .00 2003 HLY AVERAGE COST PER USER 70.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 PAGE 18,511 01/29/04 SE COST PER ELIGIBLE \$ 1.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  280 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES BUSERS UNITS OR DESCRIPTION OF THE PROPERTY OF	D EXPENDITURES MONAL FOR QMB - ONLY S OF SERVICE DAYS OF CARE 14 \$ 0 0 0 0 0 0 0 14 0 0 14 0 5 5 14 5 6 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	.00 .00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 280.87 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 20.06 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .003 THRU DEC .003 THRU DEC .000 .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 .00 2003 HLY AVERAGE COST PER USER 70.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 PAGE 18,511 01/29/04 GE COST PER ELIGIBLE \$ 1.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  280 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES BUSERS UNITS OR DESCRIPTION OF THE PROPERTY OF	D EXPENDITURES MONAL FOR QMB - ONLY  S OF SERVICE DAYS OF CARE  14 \$ 0 0 0 0 0 0 0 14 0 0 0 0 14	.00 .00 .00 .00 NTH-OF-PAYMENT RE EXPENDITURES 280.87 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 .00 .00 .00 PORT FOR JAN 2 AID CODE AVERAGE COST PER UNIT/DAY \$ 20.06 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 .000 .003 THRU DEC .000 .000 .000 .000 .000 .000 .000 .0	.00 .00 .00 .00 2003 HLY AVERAGE COST PER USER 70.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 .00 .00 .00 PAGE 18,511 01/29/04 SE COST PER ELIGIBLE \$ 1.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

ONLIDGING FACTI INV	2	0	4	115 47	4	0.0	000	4	F7 74	4	41
@NURSING FACILITY LEV A-INTERMEDIATE	2	0	\$	115.47		.00	.000	\$	57.74	Þ	.41
,	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	U	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	U	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	0		115.47		.00	.000		57.74		.41
@INTERMEDIATE CARE FACILDD	0	0	\$	.00		.00	.000	\$		\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00		.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00		.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00		.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	198.93	\$	198.93	.004	\$	198.93	\$	.71
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	1		198.93		198.93	.004		198.93		.71
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	RES MO	ONTH-OF-PAYMENT	REPORT	r for jan	2003 THRU	DEC	2003	PA	AGE 18,512
MOP024	FEE-FOR-SERVICE,	/DENTAL									01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR QMB -	ONLY			AID CODE	80				
							M	TNC	HLY AVERA	GE -	
280 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	C	COST PER

					MONT	THLY AVERAGE	
280 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	17	36 \$	688.98	\$ 19.14	.129 \$	40.53 \$	2.46
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	17	36	688.98	19.14	.129	40.53	2.46
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

@XOVER EXCLUDING STATE HOSP\*\* 43 113 \$ 2,799.22 \$ 24.77 .404 \$ 65.10 \$ 10.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,513 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,514 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

YUBA COUNTY	SUMMARY OF SER	VICES FOR	133% PR	OGRAM.	AID	CODES	72 74 8N	8P				
								M	ONT	HLY AVERA	GE	
1,921 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2		5	\$	137.75	\$	27.55	.003	\$	68.88	\$	.07
DIAGNOSTIC AND ANC. PROCED	2		2		94.90		47.45	.001		47.45		.05
EYE APPLIANCES	1		3		42.85		14.28	.002		42.85		.02
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	5	20	\$	256.65	\$	12.83	.010	\$	51.33	\$	.13
@TOTAL HOSPITAL	68	216	\$	11,462.15	\$	53.07	.112	\$	168.56	\$	5.97
HOSP INPATIENT TOTAL	3	6		5,242.71		873.79	.003		1747.57		2.73
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	3	6		5,242.71		873.79	.003		1747.57		2.73
ACCOMMODATIONS	3	6		1,683.19		280.53	.003		561.06		.88
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	6		1,683.19		280.53	.003		561.06		.88
ANCILLARIES	3	0		3,559.52		.00	.000		1186.51		1.85
INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00 .00
HOSP OUTPATIENT TOTAL	66	210		6,219.44		29.62	.109		94.23		3.24
MEDICAL	27	33		1,218.95		36.94	.017		45.15		.63
SURGERY	11	12		462.98		38.58	.006		42.09		.24
PATHOLOGY	19	44		482.74		10.97	.023		25.41		.25
RADIOLOGY	20	22		623.79		28.35	.011		31.19		.32
ROOM USE	48	62		2,840.13		45.81	.032		59.17		1.48
CROSSOVERS/ALL OTH OUTPTNT	22	37		590.85		15.97	.019		26.86		.31
@COUNTY HOSPITAL TOTAL	2	6	\$	168.54	\$	28.09	.003	\$	84.27	\$	.09
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	0	0		.00 168.54		.00 28.09	.000		.00 84.27		.00 .09
MEDICAL	2	2		67.29		22.43	.003		33.65		.04
SURGERY	0	0		.00		.00	.002		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	3		101.25		33.75	.002		50.63		.05
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	RES MO	NTH-OF-PAYMENT R	EPOR7		2003 THRU	DEC		PΙ	AGE 18,515
MOP024	FEE-FOR-SERVICE	/DENTAL									01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR 133% P	ROGRAM	AID	CODES	5 72 74 8N					
									HLY AVERA		
1,921 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	68	210	\$	11,293.61	\$	53.78	.109	Ş	166.08	Ş	5.88
COMM HOSP INPATIENT TOTAL	3	6		5,242.71		873.79	.003		1747.57		2.73
HSC HOSPITALS	3	0 6		.00 5,242.71		.00 873.79	.000		.00 1747.57		.00 2.73
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	3	6		1,683.19		280.53	.003		561.06		.88
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	6		1,683.19		280.53	.003		561.06		.88
ANCILLARIES	3	0		3,559.52		.00	.000		1186.51		1.85
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ö	0		.00		.00	.000		.00		.00

COMM HOSP OUTPATIENT TOTAL	66	204		6,050.90		29.66	.106	91.68		3.15
MEDICAL	26	30		1,151.66		38.39	.016	44.29		.60
SURGERY	11	12		462.98		38.58	.006	42.09		.24
PATHOLOGY	19	44		482.74		10.97	.023	25.41		.25
RADIOLOGY	20	22		623.79		28.35	.011	31.19		.32
ROOM USE	47	59		2,738.88		46.42	.031	58.27		1.43
CROSSOVERS/ALL OTH OUTPTNT	22	37		590.85		15.97	.019	26.86		.31
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00		\$ .00	Ġ	.00
ICF DDH	0	0	т.	.00	4	.00	.000	.00	-	.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00		\$ .00	Ġ	.00
HOSPITAL BASED	0	0	т.	.00	4	.00	.000	.00	-	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00		\$ .00	Ś	.00
HOSPITAL BASED	0	0	Υ	.00	٧	.00	.000	.00	Ψ.	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	23	43	\$	486.90	\$	11.32	.022		Ś	.25
PATHOLOGY	23	43	Υ	486.90	٧	11.32	.022	21.17	Ψ.	.25
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	368	541	\$	44,873.28	\$	82.95	.282		Ś	23.36
CLINIC	500	9	Y	214.26	٧	23.81	.005	35.71	٧	.11
SURGICENTER	4	25		777.83		31.11	.013	194.46		.40
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	359	507		43,881.19		86.55	.264	122.23		22.84
#CALIF DEPT OF HEALTH SERV			TDES MO	NTH-OF-PAYMENT R	FDOPT				D	AGE 18,516
MOP024	FEE-FOR-SERVICE		JICES MOI	NIII OF FAIMENT K	EF ORT	FOR UAN 2	2005 TIMO D	EC 2005	F.	01/29/04
YUBA COUNTY		ICES FOR 133% I	DDOCD X M	AID	CODEC	72 74 QNT	8 D			01/29/04
TODA COUNTI	POLINAKI OL PEKA	TCEO LOV 1990 I	MANDON	AID	COLLO	/Z / T OIN		NTHLY AVER	ACF	
1,921 ELIGIBLES	USERS	UNITS OF SERVI	~F:	EXPENDITURES	Δ1/₽	RAGE COST	UNITS/DAYS			COST PER
1,721 5010100	ODERO	OP DAVE OF CAL		LAF ENDITORES			DED FITC	COSI PER		FI.TCTRI.F

					MON	THLY AVERAG	E
1,921 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	80	298 \$	3,676.88	\$ 12.34	.155 \$	45.96	\$ 1.91
DURABLE MED. EQUIP.	7	7	456.25	65.18	.004	65.18	.24
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	5	121.36	24.27	.003	40.45	.06
AMBULANCES/AIR TRANS	3	5	121.36	24.27	.003	40.45	.06
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.001	26.08	.01
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	47.08	47.08	.001	47.08	.02
PROSTHETICS	1	1	47.08	47.08	.001	47.08	.02
ORTHOTICS	0	0	.00	.00	.000	.00	.00
	ŭ	· ·	• • • •				

0		.00		.00	.000		.00		.00
5		189.41		37.88	.003		63.14		.10
0		.00		.00	.000		.00		.00
0		.00		.00	.000		.00		.00
277		2,812.04		10.15	.144		43.26		1.46
0		.00		.00	.000		.00		.00
0		.00		.00	.000		.00		.00
0		.00		.00	.000		.00		.00
1		24.66		24.66	.001		24.66		.01
9	\$	502.55	\$	55.84	.005	\$	125.64	\$	.26
0	\$	.00	\$	.00	.000	\$	.00	\$	.00
	0 5 0 0 277 0 0 0 1 9	0 5 0 0 277 0 0 0 1 9 \$ 0 \$	5 189.41 0 .00 0 .00 277 2,812.04 0 .00 0 .00 0 .00 1 24.66 9 \$ 502.55	5 189.41 0 .00 0 .00 277 2,812.04 0 .00 0 .00 0 .00 1 24.66 9 \$ 502.55 \$	5     189.41     37.88       0     .00     .00       0     .00     .00       277     2,812.04     10.15       0     .00     .00       0     .00     .00       0     .00     .00       1     24.66     24.66       9     \$ 502.55     \$ 55.84	5       189.41       37.88       .003         0       .00       .00       .000         0       .00       .00       .000         277       2,812.04       10.15       .144         0       .00       .00       .000         0       .00       .00       .000         0       .00       .00       .000         1       24.66       24.66       .001         9       \$       502.55       \$       55.84       .005	5       189.41       37.88       .003         0       .00       .00       .000         0       .00       .00       .000         277       2,812.04       10.15       .144         0       .00       .00       .000         0       .00       .00       .000         0       .00       .00       .000         1       24.66       24.66       .001         9       \$       502.55       \$       55.84       .005       \$	5       189.41       37.88       .003       63.14         0       .00       .00       .000       .00         0       .00       .00       .000       .00         277       2,812.04       10.15       .144       43.26         0       .00       .00       .000       .00         0       .00       .00       .000       .00         0       .00       .00       .000       .00         0       .00       .00       .000       .00         1       24.66       24.66       .001       24.66         9       \$       502.55       \$ 55.84       .005       \$ 125.64	5       189.41       37.88       .003       63.14         0       .00       .00       .000       .00         0       .00       .00       .000       .00         277       2,812.04       10.15       .144       43.26         0       .00       .00       .000       .00         0       .00       .00       .000       .00         0       .00       .00       .000       .00         0       .00       .00       .000       .00         1       24.66       24.66       .001       24.66         9       \$       502.55       \$ 55.84       .005       \$ 125.64       \$

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003

PAGE 18,517 01/29/04

FEE-FOR-SERVICE/DENTAL

YUBA COUNTY	SUMMARY OF SERV	VICES FOR 100% PROGRAM	AID	CODES 7A 7C 8R	8T		, , , ,
					MONT	HLY AVERA	GE
2,328 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	964	4,616 \$	160,915.38	\$ 34.86	1.983 \$	166.92	\$ 69.12
@PHYSICIANS SERVICES	160	666 \$	13,747.15	\$ 20.64	.286 \$	85.92	\$ 5.91
OUTPATIENT VISITS	78	90	3,229.62	35.88	.039	41.41	1.39
OFFICE VISITS	67	74	2,456.57	33.20	.032	36.67	1.06
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	8	384.08	48.01	.003	48.01	.16
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	2	3	247.27	82.42	.001	123.64	.11
OTHER OUTPATIENT	4	5	141.70	28.34	.002	35.43	.06
INPATIENT VISITS	4	6	259.35	43.23	.003	64.84	.11
HOSPITAL VISITS	4	6	259.35	43.23	.003	64.84	.11
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	0 5 5 0	197.11	39.42	.002	39.42	.08
EXAMINATIONS	5	5	197.11	39.42	.002	39.42	.08
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	24	4,302.02	179.25	.010	717.00	1.85
PRINCIPAL SURGEON	5	5	3,802.18	760.44	.002	760.44	1.63
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	19	499.84	26.31	.008	166.61	.21
OUTPATIENT SURGERY	9	34	1,890.98	55.62	.015	210.11	.81
PRINCIPAL SURGEON	7	12	1,337.83	111.49	.005	191.12	.57
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	22	553.15	25.14	.009	110.63	.24
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	0	5.43	.00	.000	1.36	.00
RADIOLOGY	57	75	1,485.04	19.80	.032	26.05	.64
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	7	264.01	37.72	.003	66.00	.11
OTHER SERVICES/ALL X-OVERS	37	425	2,113.59	4.97	.183	57.12	.91
@PHARMACY	357	791 \$	29,430.37	\$ 37.21	.340 \$	82.44	\$ 12.64
PRESCRIPTION DRUGS	353	774	28,881.51	37.31	.332	81.82	12.41
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	353	774	28,881.51	37.31	.332	81.82	12.41
MEDICAL SUPPLIES	10	17	548.86	32.29	.007	54.89	.24
@DENTIST	123	644 \$	17,224.30	\$ 26.75	.277 \$	140.03	\$ 7.40
VISITS - DIAGNOSTIC	85	448	6,462.00	14.42	.192	76.02	2.78
ORAL SURGERY	10	17	1,177.00	69.24	.007	117.70	.51
DRUGS	4	4	100.00	25.00	.002	25.00	.04
ANESTHESIA	2	2	200.00	100.00	.001	100.00	.09

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	6	7	1,303.00	186.14	.003	217.17	.56
RESTORATIVE DENTISTRY	41	92	4,871.80	52.95	.040	118.82	2.09
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	20	58	3,110.50	53.63	.025	155.53	1.34
ALL OTHER SERVICES	2	15	.00	.00	.006	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MC	NTH-OF-PAYMENT REPORT	FOR JAN 20	03 THRU DEC	2003	PAGE 18,518
MOP024	FEE-FOR-SERVICE/DENTA	ΔL					01/29/04
YUBA COUNTY	SUMMARY OF SERVICES F	OR 100% PROGRAM	I AID CODES	7A 7C 8R 8	Т		
				_	MONT	HLY AVERAC	SE

YUBA COUNTY	SUMMARY OF SERVICES I		100% PR	CR MM	AID (	CODES	3 7A 7C 8R	8Т				01/25/0
IODA COUNTI	BUMMART OF BERVICES I	I OIC	1000 FIC	JOICAN	AID (	CODEL	TA TO OR	M	∩пт	מקקוומ עודי	CF	
2,328 ELIGIBLES	USERS UNITS	c of	SERVICE		EXPENDITURES	7/17/1	RAGE COST				.GE	COST PER
2,328 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	OD I		OF CARE		EXPENDITORES		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	OK 1	DAIS	76	\$	1,689.91	PEF	22.24					_
WOPTOMETRIST	27			Ş	1,009.91	Ą		.033	Ą		Ą	
DIAGNOSTIC AND ANC. PROCED	19		21		897.30		42.73	.009		47.23		.39
EYE APPLIANCES	21		55		792.61		14.41	.024		37.74		.34
OTHER OPTOMETRIC SERVICES	0		0	4.	.00	4.	.00	.000		.00	4.	.00
@CHIROPRACTOR	3		3	\$	50.16	\$	16.72	.001	Ş	16.72	Ş	.02
VISITS	3		3		50.16		16.72	.001		16.72		.02
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$		\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0 0 2 0	\$	.00	\$	.00	.000		.00	\$	.00
NURSE MIDWIFE	1		2	\$	90.72	\$	45.36	.001	\$	90.72		.04
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00		.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	2		10	S		\$	12.06	.004	Ś	60.28		.05
@TOTAL HOSPITAL	126		480	S		\$	92.83	.206		353.65		19.14
HOSP INPATIENT TOTAL	6		2.2	'	29,647.44		1347.61	.009		4941.24	•	12.74
HSC HOSPITALS	0		0					.000		.00		.00
@TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	0 6 6 0 0 6 6 0		2.2		29,647.44		.00 1347.61	.009		4941.24		12.74
ACCOMMODATIONS	6		22		7,769.12		353.14	.009		1294.85		3.34
ADMINISTRATIVE DAYS	0		0		.00		00	.000		.00		.00
TRANSITIONAL IP CARE	0		Ô		.00		.00	.000		.00		.00
ALL OTHER ACCOM	ě		22		7,769.12		353.14	.009		1294.85		3.34
ANCTI.I.ARTES	é		0		21,878.32		00	.000		3646.39		9.40
TNDATTENT CROSSOVERS	0		0		00		.00	.000		.00		.00
ALL OTHED INDATIFMT	0		0		.00		.00	.000		.00		.00
HOGD OTHER THEATTENT	125		458		14,912.42		32.56	.197		119.30		6.41
MEDICAL	22		39		2,206.00		56.56	.017		66.85		.95
GIDCEDA	12		15		866.68		57.78	.006		66.67		.37
DATUOLOGY	10		106		1,256.13		11.85	.046		31.40		.54
PADIOLOGI	40 57		75		3,363.17		44.84	.032		59.00		1.44
RADIOLOGI ROOM HEE	5 / 73		99		4,463.37		45.08	.032		61.14		1.44
ROOM USE	/3											
CROSSOVERS/ALL OTH OUTPINT	51		124	4	2,757.07	4	22.23	.053		54.06		1.18
@COUNTY HOSPITAL TOTAL	0		0	Ş		\$	.00	.000	Ş		Ş	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON'	TH-OF-PAYMENT REPOR	T FOR JAN 200	3 THRU DEC	2003	PAGE 18,519
MOP024	FEE-FOR-SERVICE/DENTAL	1					01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FO	R 100% PROGRAM	AID CODE	S 7A 7C 8R 8T			
					MON'	THLY AVERAG	E
2,328 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES AV	ERAGE COST UN	ITS/DAYS	COST PER	COST PER
	OR DA	AYS OF CARE	PE:	R UNIT/DAY P	ER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	126	480 \$	44,559.86 \$	92.83	.206 \$	353.65	\$ 19.14

COMM HOSP INPATIENT TOTAL	6	22		29,647.44	-	1347.61	.009		4941.24		12.74
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	6	22		29,647.44	-	1347.61	.009		4941.24		12.74
ACCOMMODATIONS	6	22		7,769.12		353.14	.009		1294.85		3.34
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	22		7,769.12		353.14	.009		1294.85		3.34
	6	0		21,878.32					3646.39		
ANCILLARIES	0					.00	.000				9.40
INPATIENT CROSSOVERS	U	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	125	458		14,912.42		32.56	.197		119.30		6.41
MEDICAL	33	39		2,206.00		56.56	.017		66.85		.95
SURGERY	13	15		866.68		57.78	.006		66.67		.37
PATHOLOGY	40	106		1,256.13		11.85	.046		31.40		.54
RADIOLOGY	57	75		3,363.17		44.84	.032		59.00		1.44
ROOM USE	73	99		4,463.37		45.08	.043		61.14		1.92
CROSSOVERS/ALL OTH OUTPTNT		124		2,757.07		22.23	.053		54.06		1.18
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	ė.	.00	\$	.00
	0		Ą		Ą			Ą		Ą	
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	U	0		.00		.00	.000	_	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ś	.00	\$	.00
ICF DDH	0	0	٧	.00	۲	.00	.000	Y	.00	٧	.00
ICF DDN	0	0		.00		.00	.000		.00		.00
	0										
ICF DDN/DDCN	U	0	4	.00	4	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	Ş	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	42	169	\$	2,220.71	\$	13.14	.073	Ś	52.87	\$	.95
PATHOLOGY	42	169	т	2,220.71	т	13.14	.073	т	52.87	т	.95
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	313	476	\$	38,624.90	\$	81.14	.204	Ġ	123.40	Ġ	16.59
	9	37	Ą	790.81	Ą	21.37	.016	Ą	87.87	Ą	.34
CLINIC	0										
SURGICENTER		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	306	439		37,834.09		86.18	.189		123.64		16.25
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES MON	TH-OF-PAYMENT R	EPORT	FOR JAN 2	2003 THRU	DEC	2003	Ρ.	AGE 18,520
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR 100% PR	OGRAM.	AID	CODES	7A 7C 8R	8T				
							M	ONT:	HLY AVERA	GE	
2,328 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVEI	RAGE COST	UNITS/DAY	S	COST PER		COST PER
•		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	213	1,299	\$	13,156.74	\$	10.13	.558		61.77	\$	5.65
DURABLE MED. EQUIP.	1	2	٧	38.26	۲	19.13	.001	Y	38.26	٧	.02
BLOOD BANK	0	0		.00		.00	.000		.00		.02
	0										
HEARING AID DISPENSERS	-	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	7	55		825.05		15.00	.024		117.86		.35
AMBULANCES/AIR TRANS	7	55		825.05		15.00	.024		117.86		.35
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.000	105.00	.05
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	38	309.34	8.14	.016	17.19	.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	11	741.26	67.39	.005	123.54	.32
PROSTHETICS	6	11	741.26	67.39	.005	123.54	.32
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	15	761.84	50.79	.006	95.23	.33
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	178	1,177	10,375.99	8.82	.506	58.29	4.46
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	6	\$ 184.90	\$ 30.82	.003	\$ 61.63	\$ .08
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 18,521

01/29/04

SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

		MONTHLY AVERAGE					
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	247	577 \$	33,679.36	\$ 58.37	.000 \$	136.35 \$	.00
@PHYSICIANS SERVICES	14	94CR \$	2,558.81CR	\$ 27.22	.000 \$	182.77CR\$	.00
OUTPATIENT VISITS	7	101CR	3,050.78CR	30.21	.000	435.83CR	.00
OFFICE VISITS	2	4CR	48.00CR	12.00	.000	24.00CR	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	97CR	3,002.78CR	30.96	.000	500.46CR	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	168.65	168.65	.000	168.65	.00
PRINCIPAL SURGEON	1	1	168.65	168.65	.000	168.65	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	2	45.60	22.80	.000	45.60	.00
PRINCIPAL SURGEON	1	2	45.60	22.80	.000	45.60	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	3CR	17.88CR	5.96	.000	.00	.00
RADIOLOGY	7	7	295.60	42.23	.000	42.23	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00

@PHARMACY	5	6	\$	86.51	\$ 14.42	.000	\$ 17.30	\$ .00	
PRESCRIPTION DRUGS	5	6		86.51	14.42	.000	17.30	.00	
SNF/ICF	0	0		.00	.00	.000	.00	.00	
OUTPATIENTS	5	6		86.51	14.42	.000	17.30	.00	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00	
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00	
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00	
ORAL SURGERY	0	0		.00	.00	.000	.00	.00	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUE	ES MONTH	-OF-PAYMENT REP	PORT FOR JA	N 2003 THRU	DEC 2003	PAGE 18,522	
MOP024	FEE-FOR-SERVICE/DENTAL							01/29/04	
YUBA COUNTY	SUMMARY OF SERVICES FOR	PRESUME	TIVE ELI	GIBILITY-PREGNA	ANT AID COD	ES 7F 7G			
								<b>a</b> =	

----- MONTHLY AVERAGE -----USERS 00 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$ .00 \$ \$ .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$ .00 .000 .00 .00 VISITS 0 .00 .00 .000 .00 .00 0 .00 .000 .00 .00 OTHER SERVICES .00 @PODIATRIST .00 \$ .00 .000 .00 .00 \$ MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 0 .00 .00 .00 .00 RADIO./PATHOLOGY .000 OTHER .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 0 .00 .00 .000 .00 .00 \$ 0 .00 NURSE ANESTHESIST .00 .000 .00 \$ .00 NURSE MIDWIFE 0 .00 \$ .00 .000 \$ .00 \$ .00 0 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 \$ .00 .00 FAMILY NURSE PRACTITIONER 0 0 .00 \$ .000 .00 \$ .00 @TOTAL HOSPITAL 22 1,004.22 45.65 .000 71.73 .00 14 .000 HOSP INPATIENT TOTAL 0 .00 .00 .00 .00 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 .00 .000 TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .00 .000 .00 INPATIENT CROSSOVERS 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 1,004.22 HOSP OUTPATIENT TOTAL 14 22 45.65 .000 71.73 .00 .00 .00 .00 MEDICAL 0 .000 .00 SURGERY 0 0 .00 .00 .000 .00 .00 376.94 47.12 PATHOLOGY 12 31.41 .000 .00 .00 RADIOLOGY 8 567.68 70.96 .000 70.96 8 ROOM USE 2 59.60 29.80 .000 29.80 .00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2003 THRU DE	C 2003	PAGE 18,523
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/29/04

SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

YUBA COUNTY

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG **USER** ELIGIBLE @COMMUNITY HOSPITAL TOTAL 14 22 1,004.22 \$ 45.65 .000 \$ 71.73 \$ .00 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 HSC HOSPITALS .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT 0 .00 .00 .000 .00 .00 1,004.22 71.73 COMM HOSP OUTPATIENT TOTAL 22 45.65 .000 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY 0 0 .00 .00 .000 .00 .00 12 376.94 47.12 PATHOLOGY 31.41 .000 .00 RADIOLOGY 8 567.68 70.96 .000 70.96 .00 ROOM USE 59.60 29.80 .000 29.80 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .000 .00 .00 @STATE HOSPITAL 0 .00 .00 .00 .000 .00 MENTALLY ILL 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 @NURSING FACILITY LEV A-INTERMEDIATE 0 .00 .00 .000 .00 .00 0 .00 .00 LEV B-REHAB MD .00 .000 .00 0 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00 0 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 LEV B-REGULAR 0 .00 .000 .00 .00 .00 @INTERMEDIATE CARE FACIL.-DD 0 .00 \$ .00 .000 \$ .00 .00 ICF DDH 0 .00 .00 .000 .00 .00 .00 .00 ICF DD .00 .000 .00 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 0 @HEMODIALYSIS TOTAL .00 .00 .000 .00 \$ .00 .00 .00 0 .00 .000 .00 HOSPITAL BASED HEMODIALYSIS CENTER .00 .00 .000 .00 .00

@REHABILITATION FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	86		300	\$	6,952.70	\$	23.18	.000	\$	80.85	\$	.00
PATHOLOGY	86		300		6,952.70		23.18	.000		80.85		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	181		335	\$	27,354.74	\$	81.66	.000	\$	151.13	\$	.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	181		335		27,354.74		81.66	.000		151.13		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPE	ENDITURE	S MC	ONTH-OF-PAYMENT R	EPORT	FOR JAN	2003 THRU	DEC	2003	PA	GE 18,524
MOP024	FEE-FOR-SERVICE/	DENTAL										01/29/04
YUBA COUNTY	SUMMARY OF SERVI	CES FOR P	PRESUMPT	IVE	ELIGIBILITY-PREG	NANT .	AID CODES	7F 7G				
								N	TMOI	HLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF S	SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	ZS (	COST PER	C	OST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	8	8 \$	840.00	\$ 105.00	.000 \$	105.00	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	8	8	840.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 MOP024 FEE-FOR-SERVICE/DENTAL

YUBA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

					MON	THLY AVERAG	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

PAGE 18,525

01/29/04

OUTPATIENT SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
	0	0						.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000				
ANESTHESIOLOGIST	Ü	U	.00		.00	.000		.00		.00
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00		.00	.000		.00		.00
	0	•		ė.			4		4	
@PHARMACY	U	0 \$		\$	.00	.000	Ş	.00	\$	.00
PRESCRIPTION DRUGS	0	0	.00		.00	.000		.00		.00
SNF/ICF	0	0	.00		.00	.000		.00		.00
OUTPATIENTS	0	0	.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0	.00		.00	.000		.00		.00
@DENTIST	0	0 \$		\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	Ô	0 4	.00	τ	.00	.000	τ.	.00	т	.00
ORAL SURGERY	0	0	.00		.00	.000		.00		.00
	0	0								
DRUGS	Ü	U	.00		.00	.000		.00		.00
ANESTHESIA	0	0	.00		.00	.000		.00		.00
PERIODONTICS	0	0	.00		.00	.000		.00		.00
ENDODONTICS	0	0	.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0	.00		.00	.000		.00		.00
PROSTHETICS	0	0	.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0	.00		.00	.000		.00		.00
	0	0								
SPACE MAINTAINERS	0	0	.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	Ü	Ü	.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00		.00
ALL OTHER SERVICES	<u> </u>	^	0.0		.00	.000		.00		.00
ALL OTHER SERVICES	U	0	.00		.00	.000		.00		
	MEDI-CAL SERVICE	ŭ		EPORT FO			DEC		PA	
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FO			DEC		PA	GE 18,526
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE/	ES AND EXPENDITURES DENTAL	MONTH-OF-PAYMENT R		R JAN 20	003 THRU	DEC		PA	
#CALIF DEPT OF HEALTH SERV	FEE-FOR-SERVICE/	ES AND EXPENDITURES DENTAL			R JAN 20 D CODE '	003 THRU 7H		2003		GE 18,526 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY	FEE-FOR-SERVICE/ SUMMARY OF SERVI	S AND EXPENDITURES DENTAL CES FOR MEDI-CAL	MONTH-OF-PAYMENT R	M AI	R JAN 20 D CODE '	003 THRU 7H M	IONTI	2003 HLY AVERA	GE -	GE 18,526 01/29/04
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE/	S AND EXPENDITURES DENTAL CES FOR MEDI-CAL UNITS OF SERVICE	MONTH-OF-PAYMENT R	M AI AVERAG	R JAN 20 D CODE ' - E COST (	003 THRU 7H M UNITS/DAY	IONTH	2003 HLY AVERA	GE -	GE 18,526 01/29/04  OST PER
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES DENTAL CES FOR MEDI-CAL UNITS OF SERVICE OR DAYS OF CARE	MONTH-OF-PAYMENT R TUBERCULOSIS PROGRA EXPENDITURES	M AI AVERAG PER UN	R JAN 20 D CODE ' - E COST U IT/DAY	003 THRU 7H M UNITS/DAY PER ELIG	IONTI S (	2003 HLY AVERA COST PER USER	GE - C E	GE 18,526 01/29/04  OST PER LIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE/ SUMMARY OF SERVI	S AND EXPENDITURES DENTAL CES FOR MEDI-CAL UNITS OF SERVICE OR DAYS OF CARE 0 \$	MONTH-OF-PAYMENT R TUBERCULOSIS PROGRA EXPENDITURES .00	M AI AVERAG	R JAN 20 D CODE ' E COST 0 IT/DAY .00	003 THRU 7H M UNITS/DAY PER ELIG .000	IONTI S (	2003 HLY AVERA COST PER USER .00	GE - C E	GE 18,526 01/29/04  OST PER LIGIBLE .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES DENTAL CES FOR MEDI-CAL UNITS OF SERVICE OR DAYS OF CARE	MONTH-OF-PAYMENT R TUBERCULOSIS PROGRA EXPENDITURES .00 .00	M AI AVERAG PER UN	R JAN 20 D CODE ' - E COST U IT/DAY	003 THRU 7H M UNITS/DAY PER ELIG .000 .000	IONTI S (	2003 HLY AVERA COST PER USER	GE - C E	GE 18,526 01/29/04  OST PER LIGIBLE
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES DENTAL CES FOR MEDI-CAL UNITS OF SERVICE OR DAYS OF CARE 0 \$	MONTH-OF-PAYMENT R TUBERCULOSIS PROGRA EXPENDITURES .00	M AI AVERAG PER UN	R JAN 20 D CODE ' E COST 0 IT/DAY .00	003 THRU 7H M UNITS/DAY PER ELIG .000	IONTI S (	2003 HLY AVERA COST PER USER .00	GE - C E	GE 18,526 01/29/04  OST PER LIGIBLE .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	ES AND EXPENDITURES DENTAL CES FOR MEDI-CAL UNITS OF SERVICE OR DAYS OF CARE 0 \$	MONTH-OF-PAYMENT R TUBERCULOSIS PROGRA EXPENDITURES .00 .00 .00	M AI AVERAG PER UN	R JAN 20 D CODE ' E COST U IT/DAY .00 .00 .00	7H M UNITS/DAY PER ELIG .000 .000	IONTI S (	2003  HLY AVERA COST PER USER .00 .00	GE - C E	GE 18,526 01/29/04  OST PER LIGIBLE .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES (DENTAL CES FOR MEDI-CAL UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	MONTH-OF-PAYMENT R TUBERCULOSIS PROGRA EXPENDITURES .00 .00 .00 .00	M AI AVERAG PER UN \$	R JAN 20 D CODE ' E COST IIT/DAY .00 .00 .00 .00	7H M UNITS/DAY PER ELIG .000 .000 .000	IONTH S ( } \$	2003  HLY AVERA COST PER USER .00 .00 .00	GE - C E \$	GE 18,526 01/29/04  OST PER LIGIBLE .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES (DENTAL CES FOR MEDI-CAL UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	MONTH-OF-PAYMENT R TUBERCULOSIS PROGRA EXPENDITURES .00 .00 .00 .00 .00	M AI AVERAG PER UN	R JAN 20 D CODE TO	7H M UNITS/DAY PER ELIG .000 .000 .000	IONTH S ( } \$	2003 HLY AVERA COST PER USER .00 .00 .00 .00	GE - C E	GE 18,526 01/29/04  OST PER LIGIBLE .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES DENTAL CES FOR MEDI-CAL UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0	MONTH-OF-PAYMENT R TUBERCULOSIS PROGRA EXPENDITURES .00 .00 .00 .00 .00 .00	M AI AVERAG PER UN \$	R JAN 20 D CODE TO THE COST TO	7H M UNITS/DAY PER ELIG .000 .000 .000 .000	IONTH S ( } \$	2003 HLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E \$	GE 18,526 01/29/04  OST PER LIGIBLE .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES DENTAL CES FOR MEDI-CAL UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0	MONTH-OF-PAYMENT R TUBERCULOSIS PROGRA EXPENDITURES .00 .00 .00 .00 .00 .00 .00	M AI AVERAG PER UN \$	R JAN 20 D CODE 7 E COST 0 IT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	IONTI S ( ; \$	2003  HLY AVERA  COST PER  USER  .00 .00 .00 .00 .00 .00	GE - C E \$	GE 18,526 01/29/04  OST PER LIGIBLE .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES DENTAL CES FOR MEDI-CAL UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0	MONTH-OF-PAYMENT R TUBERCULOSIS PROGRA EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	M AI AVERAG PER UN \$	E COST (IT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	IONTI S ( ; \$	2003  HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00	GE - C E \$	GE 18,526 01/29/04  OST PER LIGIBLE .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES DENTAL CES FOR MEDI-CAL UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0	MONTH-OF-PAYMENT R TUBERCULOSIS PROGRA EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	M AI AVERAG PER UN \$	R JAN 20 D CODE 7 E COST 0 IT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	IONTI S ( ; \$	2003  HLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	GE - C E \$	GE 18,526 01/29/04  OST PER LIGIBLE .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES DENTAL CES FOR MEDI-CAL UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0	MONTH-OF-PAYMENT R TUBERCULOSIS PROGRA EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M AI AVERAG PER UN \$	E COST TIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONTI S ( ; \$	2003  HLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E \$	GE 18,526 01/29/04  OST PER LIGIBLE .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES DENTAL CES FOR MEDI-CAL UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0	MONTH-OF-PAYMENT R TUBERCULOSIS PROGRA EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	M AI AVERAG PER UN \$	R JAN 20 D CODE 7 E COST 0 IT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	IONTI S ( ; \$	2003  HLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	GE - C E \$	GE 18,526 01/29/04  OST PER LIGIBLE .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES DENTAL CES FOR MEDI-CAL UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0	MONTH-OF-PAYMENT R TUBERCULOSIS PROGRA EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M AI AVERAG PER UN \$	E COST TIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONTI S ( ; \$	2003  HLY AVERAL COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E \$	GE 18,526 01/29/04  OST PER LIGIBLE .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES DENTAL CES FOR MEDI-CAL UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0	MONTH-OF-PAYMENT R TUBERCULOSIS PROGRA EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	M AI AVERAG PER UN \$	R JAN 20 D CODE 7 E COST 1 IT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONTI S ( ; \$	2003  HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E \$	GE 18,526 01/29/04  OST PER LIGIBLE .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	FEE-FOR-SERVICE/SUMMARY OF SERVI	S AND EXPENDITURES DENTAL CES FOR MEDI-CAL UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0	MONTH-OF-PAYMENT R TUBERCULOSIS PROGRA EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	M AI AVERAG PER UN \$ \$	R JAN 20 D CODE 7 E COST 1 IT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTES C	2003  HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - CE	GE 18,526 01/29/04  OST PER LIGIBLE .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	FEE-FOR-SERVICE/ SUMMARY OF SERVI USERS	S AND EXPENDITURES DENTAL CES FOR MEDI-CAL UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 \$	MONTH-OF-PAYMENT R TUBERCULOSIS PROGRA EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	M AI AVERAG PER UN \$	R JAN 20 D CODE 7 E COST 1 IT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H M UNITS/DAY PER ELIG	IONTH S C \$ \$ \$ \$	2003  HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE \$ \$ \$ \$\$.	GE 18,526 01/29/04  OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	FEE-FOR-SERVICE/SUMMARY OF SERVI	S AND EXPENDITURES DENTAL CES FOR MEDI-CAL UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0	MONTH-OF-PAYMENT R TUBERCULOSIS PROGRA EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	M AI AVERAG PER UN \$ \$	R JAN 20 D CODE 7 E COST 0 11/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H M UNITS/DAY PER ELIG	S S S S S S S S S S S S S S S S S S S	2003  HLY AVERA  COST PER  USER  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	- C E - C E - S - S - S - S - S - S - S - S - S -	GE 18,526 01/29/04  OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE/SUMMARY OF SERVI	S AND EXPENDITURES DENTAL CES FOR MEDI-CAL UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 \$	MONTH-OF-PAYMENT R TUBERCULOSIS PROGRA  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	M AI AVERAG PER UN \$ \$	R JAN 20 D CODE 7 E COST 0 11/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S \$ \$ \$ \$ \$	2003 HLY AVERAL COST PER USER	- CE G \$ \$ \$ \$ \$\$\$\$\$	GE 18,526 01/29/04 
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE/SUMMARY OF SERVI	S AND EXPENDITURES DENTAL CES FOR MEDI-CAL UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	MONTH-OF-PAYMENT R TUBERCULOSIS PROGRA  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	M AI AVERAG PER UN \$ \$ \$ \$ \$ \$ \$ \$ \$	R JAN 20 D CODE 7 E COST 0 17/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S \$ \$ \$ \$ \$ \$ \$	2003  HLY AVERA COST PER USER	- C E	GE 18,526 01/29/04 
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER @TOTAL HOSPITAL	FEE-FOR-SERVICE/SUMMARY OF SERVI	S AND EXPENDITURES DENTAL CES FOR MEDI-CAL UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0	MONTH-OF-PAYMENT R TUBERCULOSIS PROGRA  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	M AI AVERAG PER UN \$ \$	R JAN 20 D CODE 7 E COST 1 IT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S \$ \$ \$ \$ \$	2003  HLY AVERA COST PER	- CE G \$ \$ \$ \$ \$\$\$\$\$	GE 18,526 01/29/04  OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	FEE-FOR-SERVICE/SUMMARY OF SERVI	S AND EXPENDITURES DENTAL CES FOR MEDI-CAL UNITS OF SERVICE OR DAYS OF CARE O O O O O S O O S O S O S O S O S O S	MONTH-OF-PAYMENT R TUBERCULOSIS PROGRA  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	M AI AVERAG PER UN \$ \$ \$ \$ \$ \$ \$ \$ \$	R JAN 20 D CODE 7 E COST 1 IT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S \$ \$ \$ \$ \$ \$ \$	2003  HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	- C E	GE 18,526 01/29/04  OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HSC HOSPITALS	FEE-FOR-SERVICE/SUMMARY OF SERVI	S AND EXPENDITURES DENTAL CES FOR MEDI-CAL UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0	MONTH-OF-PAYMENT R TUBERCULOSIS PROGRA  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	M AI AVERAG PER UN \$ \$ \$ \$ \$ \$ \$ \$ \$	R JAN 20 D CODE 7 E COST 1 IT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S \$ \$ \$ \$ \$ \$ \$	2003  HLY AVERA COST PER	- C E	GE 18,526 01/29/04  OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	FEE-FOR-SERVICE/SUMMARY OF SERVI	S AND EXPENDITURES DENTAL CES FOR MEDI-CAL UNITS OF SERVICE OR DAYS OF CARE O O O O O S O O S O S O S O S O S O S	MONTH-OF-PAYMENT R TUBERCULOSIS PROGRA  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	M AI AVERAG PER UN \$ \$ \$ \$ \$ \$ \$ \$ \$	R JAN 20 D CODE 7 E COST 1 IT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	7H M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTH S \$ \$ \$ \$ \$ \$ \$	2003  HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	- C E	GE 18,526 01/29/04  OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

0 0

.00

.00

.00

.00

.00

.000

.000

.00

.00

.00

.00

.00

.00

0 0

0

ACCOMMODATIONS
ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	MEDI-CAL SERVICES ANI	EXPENDITURES MO		ORT FOR JAN 20			PAGE 18,527
MOP024	FEE-FOR-SERVICE/DENTA	AL.					01/29/04
	SUMMARY OF SERVICES E		BERCULOSIS PROGRAM	AID CODE 7	H		
					MON7	THLY AVERAG	E
00 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES .	AVERAGE COST U	NITS/DAYS	COST PER	COST PER
		DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE

00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 11101111111	OBLIE	OR DAYS OF CARE			PER UNIT/DAY	,	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000 \$		\$ .00
COMM HOSP INPATIENT TOTAL	0	0	•	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-	OF-PAYMENT REF	PORT	FOR JAN 2003	THRU	DEC	2003	PA	GE 18,528
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR	MEDI-C	AL TUBERCU	LOSIS PROGRAM		AID CODE 7H					

10011 0001111	DOMINIME OF DERVI	CDD TOR FIDDE CE	100	ERCOLODID IROGRAM	TIED CODE	/ 11		
						MON'		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,529
MOP024 FEE-FOR-SERVICE/DENTAL
YUBA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

						MC	NTHLY AVERA	GE	
114 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	C		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	135	743	\$	72,593.20	\$ 97.70	6.518	\$ 537.73	\$	636.78
@PHYSICIANS SERVICES	44	102	\$	8,950.19	\$ 87.75	.895	\$ 203.41	\$	78.51
OUTPATIENT VISITS	16	20		1,920.34	96.02	.175	120.02		16.85
OFFICE VISITS	1	1		102.20	102.20	.009	102.20		.90
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	1	1		24.38	24.38	.009	24.38		.21
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	14	18		1,793.76	99.65	.158	128.13		15.73
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	6	10		624.07	62.41	.088	104.01		5.47

HOSPITAL VISITS	6	9		399.82		44.42	.079		66.64		3.51
CRITICAL CARE	1	1		224.25		224.25	.009		224.25		1.97
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	10	41		4,788.74		116.80	.360		478.87		42.01
PRINCIPAL SURGEON	4	4		3,265.74		816.44	.035		816.44		28.65
ASSISTANT SURGEON	2	2		373.00		186.50	.018		186.50		3.27
ANESTHESIOLOGIST	7	35		1,150.00		32.86	.307		164.29		10.09
OUTPATIENT SURGERY	2	3		298.76		99.59	.026		149.38		2.62
PRINCIPAL SURGEON	2	3		298.76		99.59	.026		149.38		2.62
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	2		191.96		95.98	.018		95.98		1.68
RADIOLOGY	16	18		940.71		52.26	.158		58.79		8.25
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		2.08		.00	.000		.00		.02
OTHER SERVICES/ALL X-OVERS	6	8		183.53		22.94	.070		30.59		1.61
@PHARMACY	19	38	\$	954.78	\$	25.13	.333	\$	50.25	\$	8.38
PRESCRIPTION DRUGS	18	31	•	608.94	·	19.64	.272	·	33.83		5.34
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	18	31		608.94		19.64	.272		33.83		5.34
MEDICAL SUPPLIES	3	7		345.84		49.41	.061		115.28		3.03
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0	•	.00	·	.00	.000	·	.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES I	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2003	THRU	DEC	2003	PA	GE 18,530
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR	R MINOR	CONS	SENT AID CODES AID C	CODES	7M 7P 7R 7N					
										~-	

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 114 ELIGIBLES USERS UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 .00 @OPTOMETRIST 0 .000 \$ .00 \$ .00 .000 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .00 .00 .00 .00 0 .00 .000 .00 EYE APPLIANCES 0 .000 OTHER OPTOMETRIC SERVICES .00 .00 .00 .00 0 .00 \$ @CHIROPRACTOR .00 .000 \$ .00 \$ .00 .00 .000 VISITS .00 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 .00 .000 \$ .00 \$ .00 .00 0 .00 .00 .000 MEDICINE/INJECTIONS .00 .00 .00 .00 .000 .00 SURGERY/ANES. RADIO./PATHOLOGY 0 0 .00 .00 .000 .00 .00 0 0 .00 .00 .00 .00 OTHER .000 @HOME HEALTH AGENCY 442.33 \$ 49.15 .079 \$ 49.15 \$ 3.88 NURSE ANESTHESIST .00 \$ .00 .000 \$ .00 \$ .00

----- MONTHLY AVERAGE -----

NURSE MIDWIFE	5	11	\$	3,698.85	\$	336.26	.096	\$ 739.7	7 \$	32.45
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .0	0 \$	.00
FAMILY NURSE PRACTITIONER	0	0	Ė	.00	Ė	.00	.000		0 \$	.00
@TOTAL HOSPITAL	57	420	Š	52 473 78	Š	124 94	3 684	\$ 920.5	9 \$	460 30
UOCD INDATTENT TOTAL	۵,	120	٧	13 165 67	٧	103/ 00	368	1920.5	2	381.28
HOSE INFAILENT TOTAL	9	72		43,403.07		1034.90	.300	T029.3	^	301.20
HSC HOSPITALS	0	0		.00		1024 00	.000	4000 5	0	.00
NON-HSC HOSPITAL TOTAL	9	42		43,465.67		1034.90	.368	4829.5	2	381.28
ACCOMMODATIONS	9	42		14,002.62		333.40	.368	1555.8	5	122.83
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	. 0	0	.00 381.28 122.83 .00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.0	0	.00
ALL OTHER ACCOM	9	42		14,002.62		333.40	.368	1555.8	5	.00 .00 122.83 258.45
ANCILLARIES	9	0		29,463.05		.00	.000	3273.6	7	258.45
INPATIENT CROSSOVERS	0	0		.00		.00	.000	. 0	0	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	. 0	0	.00
HOSP OUTPATIENT TOTAL	51	378		9.008.11		23.83	3.316	176.6	3	79.02
MEDICAL	6	6		293 74		48 96	053	48 9	6	2.58
SURGERY	5	5		154 76		30.95	044	30.9	5	.00 79.02 2.58 1.36
NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	24	120		2 046 95		17 06	1 052	05 2	0	17.95
PALIOLOGY	1.4	120		1 000 00		72 10	1.000	00.4	2 1	9.50
RADIOLOGY	14	15		1,082.82		72.19	.132	77.3	4	9.50 17.74
ROOM USE	27	59		2,022.35		34.28	.518	74.9	0	17.74
CROSSOVERS/ALL OTH OUTPINT	30	1/3		3,407.59	4.	19.70	1.518	113.5	9	29.89
@COUNTY HOSPITAL TOTAL	4	36	Ş	969.98	Ş	26.94	.316	\$ 242.5	0 \$	8.51
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.0	0	.00
HSC HOSPITALS	0	0		.00		.00	.000	.0	0	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.0 .0 .0 .0 .0 .0 .0 .0 .0 .242.5	0	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.0	0	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.0	0	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.0	0	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.0	0	.00
ANCTLLARIES	0	0		.00		. 0.0	.000	. 0	0	.00
TNPATTENT CROSSOVERS	0	0		0.0		00	000	0	0	.00
ALL OTHER INDATIENT	Ů.	0		0.0		.00	000	.0	0	.00
CO HOCD OUTDATTENT TOTAL	4	36		969 98		26 94	316	242.5	0	8.51
CO HOSP OUTPAILENT TOTAL	1	1		909.90		20.94	.310	242.3	7	.08
MEDICAL				126.27		0.97	.009	0.9	2	1.11
SURGER I	3	3		120.37		42.12	.026	120.1	2	1.11
PATHOLOGY	2	13		259.31		19.95	.114	129.6	0	2.27
RADIOLOGY	0	0		.00		.00	.000	.0	Ü	.00
ROOM USE	2	./		462.15		66.02	.061	231.0	8	4.05
CROSSOVERS/ALL OTH OUTPINT	4	12		.00 .00 .00 .00 .00 969.98 8.97 126.37 259.31 .00 462.15 113.18		9.43	.105	28.3	0	.00 4.05 .99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	RES M	IONTH-OF-PAYMENT R	EPOR	T FOR JAN	2003 THRU	DEC 2003	F	PAGE 18,531
MOP024	FEE-FOR-SERVICE	E/DENTAL								01/29/04
YUBA COUNTY	SUMMARY OF SERV	JICES FOR MINOR (	CONSE	INT AID CODES AID	CODE	S 7M 7P 7R	2 7N			
							M	ONTHLY AVE	RAGE	
114 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S COST PE	R	COST PER
NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER  @TOTAL HOSPITAL  HOSP INPATIENT TOTAL  HSC HOSPITALS  NON-HSC HOSPITAL TOTAL  ACCOMMODATIONS  ADMINISTRATIVE DAYS  TRANSITIONAL IP CARE  ALL OTHER ACCOM  ANCILLARIES  INPATIENT CROSSOVERS  ALL OTHER INPATIENT  HOSP OUTPATIENT TOTAL  MEDICAL  SURGERY  PATHOLOGY  RADIOLOGY  ROOM USE  CROSSOVERS/ALL OTH OUTPTNT  @COUNTY HOSPITAL TOTAL  ACCOMMODATIONS  ADMINISTRATIVE DAYS  TRANSITIONAL IP CARE  ALL OTHER ACCOM  ANCILLARIES  INPATIENT CROSSOVERS  ALL OTHER ACCOM  ANCILLARIES  INPATIENT CROSSOVERS  ALL OTHER INPATIENT  CO HOSP OUTPATIENT TOTAL  MEDICAL  SURGERY  PATHOLOGY  RADIOLOGY  ROOM USE  CROSSOVERS/ALL OTH OUTPTNT  #CALIF DEPT OF HEALTH SERV  MOPO 24  YUBA COUNTY   114 ELIGIBLES  @COMMUNITY HOSPITALS TOTAL  ACCOMM HOSP INPATIENT TOTAL  HSC HOSPITALS  @COMMUNITY HOSPITALS TOTAL  ACCOMM HOSP INPATIENT TOTAL  HSC HOSPITALS  #COMMUNITY HOSPITALS TOTAL  **COMM HOSP INPATIENT TOTAL  **COMM HOSP I		OR DAYS OF CARE	Ξ		PE	R UNIT/DAY	Y PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	53	384	\$	51,503.80 43,465.67 .00	Ś	134.12	3.368	\$ 971.7	7 s	451.79
COMM HOSP INPATIENT TOTAL	9	42	τ	43 465 67	~	1034 90	368	4829 5	2	381 28
HSC HOSDITALS	Ó	0		15,105.07		00	000	1027.5	0	00
MON HEG HOCDIENTS HOWAT	0	4.0		12 465 67		1024 00	360	4020 5	2	201 20

114 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	53	384 \$	51,503.80	\$ 134.12	3.368	\$ 971.77	\$ 451.79
COMM HOSP INPATIENT TOTAL	9	42	43,465.67	1034.90	.368	4829.52	381.28
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	9	42	43,465.67	1034.90	.368	4829.52	381.28
ACCOMMODATIONS	9	42	14,002.62	333.40	.368	1555.85	122.83
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	42	14,002.62	333.40	.368	1555.85	122.83
ANCILLARIES	9	0	29,463.05	.00	.000	3273.67	258.45
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	47	342	8,038.13	23.50	3.000	171.02	70.51
MEDICAL	5	5	284.77	56.95	.044	56.95	2.50
SURGERY	2	2	28.39	14.20	.018	14.20	.25
PATHOLOGY	22	107	1,787.54	16.71	.939	81.25	15.68

RADIOLOGY	14	15		1,082.82		72.19	.132		77.34		9.50
ROOM USE	25	52		1,560.20		30.00	.456		62.41		13.69
CROSSOVERS/ALL OTH OUTPTNT	26	161		3,294.41	4.		1.412	4.	126.71		28.90
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00		\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	25	90	\$	1,798.81	\$	19.99	.789	\$	71.95	\$	15.78
PATHOLOGY	25	90		1,798.81		19.99	.789		71.95		15.78
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	20	65	\$	3,450.77	\$	53.09	.570	\$	172.54	\$	30.27
CLINIC	16	57		2,831.59		49.68	.500		176.97		24.84
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	4	8		619.18		77.40	.070		154.80		5.43
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	JRES MON	TH-OF-PAYMENT RE	EPORT	FOR JAN 2003	THRU	DEC	2003	PI	AGE 18,532
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR	MINOR	CONSENT	AID CODES AID (	CODES	7m 7p 7r 7n					
										~=	

					MOI	NTHLY AVERAG	E
114 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	8	8	\$ 823.69	\$ 102.96	.070	\$ 102.96	\$ 7.23
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	7	7	735.00	105.00	.061	105.00	6.45
<pre>IHMC,MODEL-NF,NF,AIDS,MSSP</pre>	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	88.69	88.69	.009	88.69	.78
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	1	1	88.69	88.69	.009	88.69	.78
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
o + momar o		TATEODAYA ET CAT TEETA					

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,533
MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

MOPUZ4	FEE-FOR-SERVICE/		GA GEG	TN DA DAMETERO	ATD GODE	2.0		01/29/04
YUBA COUNTY	SUMMARY OF SERVI	CES FOR EDWARDS	CASES	IN PA-FAMILIES	AID CODE			~=
0 010 57 76757 76	Hanna						THLY AVERA	
2,018 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
omomil ili provincio	1 166	OR DAYS OF CARE		000 555 55	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,166	4,183	\$	203,575.75	\$ 48.67	2.073		\$ 100.88
@PHYSICIANS SERVICES	213	501	\$	21,086.80	\$ 42.09	.248		
OUTPATIENT VISITS	116	97		3,842.17	39.61	.048	33.12	1.90
OFFICE VISITS	93	77		2,428.13	31.53	.038	26.11	1.20
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	14	14		750.21	53.59	.007	53.59	.37
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	8	4		621.95	155.49	.002	77.74	.31
OTHER OUTPATIENT	2	2		41.88	20.94	.001	20.94	.02
INPATIENT VISITS	14	35		2,330.84	66.60	.017	166.49	1.16
HOSPITAL VISITS	14	32		1,512.14	47.25	.016	108.01	.75
CRITICAL CARE	1	3		818.70	272.90	.001	818.70	.41
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	3		115.50	38.50	.001	57.75	.06
EXAMINATIONS	2	3		115.50	38.50	.001	57.75	.06
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	14	43		5,618.67	130.67	.021	401.33	2.78
PRINCIPAL SURGEON	11	11		4,221.49	383.77	.005	383.77	2.09
ASSISTANT SURGEON	2	2		373.00	186.50	.001	186.50	.18
ANESTHESIOLOGIST	5	30		1,024.18	34.14	.015	204.84	.51
OUTPATIENT SURGERY	18	43		3,591.33	83.52	.021	199.52	1.78
PRINCIPAL SURGEON	14	16		2,754.21	172.14	.008	196.73	1.36
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	27		837.12	31.00	.013	104.64	.41
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	19	27		321.96	11.92	.013	16.95	.16
RADIOLOGY	73	114		2,687.71	23.58	.056	36.82	1.33
PSYCHIATRY	, 5	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	8		110.44	13.81	.004	27.61	.05
OTHER SERVICES/ALL X-OVERS	32	131		2,468.18	18.84	.065	77.13	1.22
@PHARMACY	559	1,183	\$	48,587.85	\$ 41.07	.586		
PRESCRIPTION DRUGS	557	1,173	Ų	48,245.40	41.13	.581	86.62	23.91
SNF/ICF	0	1,1/3		.00	.00	.000	.00	.00
	557	1,173		48,245.40	41.13	.581	86.62	23.91
OUTPATIENTS	557							
MEDICAL SUPPLIES	70	10	\$	342.45 7,387.30	34.25 \$ 21.92	.005 .167	68.49 105.53	.17
@DENTIST	70 54	337 255	Ş		\$ 21.92 12.80		60.43	•
VISITS - DIAGNOSTIC	7			3,263.30		.126		1.62
ORAL SURGERY	, 5	11 5		594.00	54.00	.005	84.86	. 29
DRUGS				125.00	25.00	.002	25.00	.06
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	3	5		355.00	71.00	.002	118.33	.18
RESTORATIVE DENTISTRY	18	47		2,425.00	51.60	.023	134.72	1.20
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	1	1	50.00	50.00	.000	50.00	.02
SPACE MAINTAINERS	1	3	360.00	120.00	.001	360.00	.18
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	3	140.00	46.67	.001	46.67	.07
ALL OTHER SERVICES	4	7	75.00	10.71	.003	18.75	.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR:	ES MONTH-OF-PAYMENT	REPORT FOR JAN	2003 THRU DE	EC 2003	PAGE 18,534
MOP024	FEE-FOR-SERVICE/DENTA	L					01/29/04
YUBA COUNTY	SUMMARY OF SERVICES F	OR EDWARDS	CASES IN PA-FAMILIE	S AID CODE	<b>≅</b> 38		
					MON	NTHLY AVERA	GE
2,018 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR I	AYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	9	21	\$ 509.21	\$ 24.25	.010	\$ 56.58	\$ .25
DIAGNOSTIC AND ANC. PROCED	6	6	284.70	47.45	.003	47.45	.14
EYE APPLIANCES	6	15	224.51	14.97	.007	37.42	.11
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	7	12	\$	200.64	\$	16.72	.006	\$	28.66	\$	.10
VISITS	7	12	•	200.64	•	16.72	.006		28.66		.10
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	ė,	.00	\$	.00
	0		Ą		Ą			Ą		Ą	
MEDICINE/INJECTIONS	· ·	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	6	8	\$	367.47	\$	45.93	.004	\$	61.25	\$	.18
NURSE ANESTHESIST	2	10	Ś	191.30	\$	19.13	.005	\$	95.65	\$	.09
NURSE MIDWIFE	0	0	Ċ	.00	\$	.00	.000		.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	•	0	٠ ب	.00		.00	.000		.00		
			Ş d		\$			\$		\$	.00
FAMILY NURSE PRACTITIONER	5	10	Ş	168.45	\$	16.85	.005	\$		\$	.08
@TOTAL HOSPITAL	184	844	\$	77,073.61	Ş	91.32	.418	Ş	418.88	\$	38.19
HOSP INPATIENT TOTAL	15	47		55,075.94		1171.83	.023		3671.73		27.29
HSC HOSPITALS	4	12		17,482.04		1456.84	.006		4370.51		8.66
NON-HSC HOSPITAL TOTAL	12	35		37,593.90		1074.11	.017		3132.83		18.63
ACCOMMODATIONS	12	35		13,179.02		376.54	.017		1098.25		6.53
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	12	35									
ALL OTHER ACCOM				13,179.02		376.54	.017		1098.25		6.53
ANCILLARIES	12	0		24,414.88		.00	.000		2034.57		12.10
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	176	797		21,997.67		27.60	.395		124.99		10.90
MEDICAL	67	97		4,443.58		45.81	.048		66.32		2.20
SURGERY	17	23		1,365.82		59.38	.011		80.34		.68
PATHOLOGY	62	261		3,024.32		11.59	.129		48.78		1.50
RADIOLOGY	66	94		4,306.51		45.81	.047		65.25		2.13
	121	149				39.62	.074		48.78		2.93
ROOM USE				5,902.85							
CROSSOVERS/ALL OTH OUTPTNT		173	4.	2,954.59	4.	17.08	.086	4.	36.93	4.	1.46
@COUNTY HOSPITAL TOTAL	1	5	\$	206.16	\$	41.23	.002	Ş	206.16	Ş	.10
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0									
ALL OTHER INPATIENT	U	Ū		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	Ť.	5		206.16		41.23	.002		206.16		.10
MEDICAL	1	1		99.29		99.29	.000		99.29		.05
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	2		37.75		18.88	.001		37.75		.02
ROOM USE	1	1		50.24		50.24	.000		50.24		.02
CROSSOVERS/ALL OTH OUTPTNT	1	1		18.88		18.88	.000		18.88		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURE	S MO		.POR			DEC		P.	AGE 18,535
MOP024	FEE-FOR-SERVICE		10	01 1111111111 101	JI 010	1 1010 01110 2	2005 111110		2003		01/29/04
YUBA COUNTY		VICES FOR EDWARDS	CVCE	C TN DA_EAMITTEC		AID CODE	3 0				01/25/01
IODA COUNTI	SUMMAKI OF SERV	TCES FOR EDWARDS	CASE	5 IN FA-FAMILIES		AID CODE			HLY AVERA	CE	
2 010 ELICIPIEC	HCEDC	INTER OF CEDUTOR		EADENDILLIDEC	7. 7. 7	EDYCE COCE					
2,018 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST					COST PER
		OR DAYS OF CARE	4.			R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	183	839	\$	76,867.45	\$	91.62	.416	Ş	420.04	\$	38.09
COMM HOSP INPATIENT TOTAL	15	47		55,075.94		1171.83	.023		3671.73		27.29
HSC HOSPITALS	4	12		17,482.04		1456.84	.006		4370.51		8.66
NON-HSC HOSPITALS TOTAL	12	35		37,593.90		1074.11	.017		3132.83		18.63
ACCOMMODATIONS	12	35		13,179.02		376.54	.017		1098.25		6.53
	= <b>-</b>			==,=:::02							

ADMINISTRATIVE DAYS	0	0		.00		.00	.00			.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.00			.00		.00
ALL OTHER ACCOM	12	35		13,179.02		376.54	.01			1098.25		6.53
ANCILLARIES	12	0		24,414.88		.00	.00			2034.57		12.10
INPATIENT CROSSOVERS	0	0		.00		.00	.00			.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.00			.00		.00
COMM HOSP OUTPATIENT TOTAL	175	792		21,791.51		27.51	. 39			124.52		10.80
MEDICAL	66	96		4,344.29		45.25	.04			65.82		2.15
SURGERY	17	23		1,365.82		59.38	. 01			80.34		.68
PATHOLOGY	62	261		3,024.32		11.59	.12			48.78		1.50
RADIOLOGY	65	92		4,268.76		46.40	.04	16		65.67		2.12
ROOM USE	120	148		5,852.61		39.54	.07	13		48.77		2.90
CROSSOVERS/ALL OTH OUTPTNT	79	172		2,935.71		17.07	.08	35		37.16		1.45
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.00	0 (	\$	.00	\$	.00
MENTALLY ILL	0	0	•	.00	•	.00	.00			.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.00			.00		.00
@NURSING FACILITY	0	Ō	\$	.00	\$	.00		0	Ś	.00	\$	.00
LEV A-INTERMEDIATE	0	0	т	.00	т	.00	.00		т	.00	Υ	.00
LEV B-REHAB MD	0	Ő		.00		.00	.00			.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.00			.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.00			.00		.00
LEV B-SUBACUTE HSPIL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.00			.00		.00
LEV B-REGULAR	0	0		.00		.00	.00			.00		.00
	0	0	4		4				<u>ب</u>		4	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00		0 (	Þ	.00	Þ	.00
ICF DDH	0	•		.00		.00	.00			.00		.00
ICF DD	0	0		.00		.00	.00			.00		.00
ICF DDN/DDCN	0	0	4.	.00	4.	.00	.00			.00	4.	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00		0 (	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.00			.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.00			.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00		0 (	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.00	0 (		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.00	0 (		.00		.00
@LABORATORY FACILITY	62	268	\$	3,263.00	\$	12.18	.13	3	\$	52.63	\$	1.62
PATHOLOGY	62	268		3,263.00		12.18	.13	3		52.63		1.62
XO AND OTHERS	0	0		.00		.00	.00			.00		.00
@ORGANIZED OUTPATIENT CLINIC	337	516	\$	38,124.78	\$	73.89		6	Ġ	113.13	Ś	18.89
CLINIC	32	90	т	1,883.01	4	20.92	. 04		т	58.84	т	.93
SURGICENTER	2	16		246.47		15.40	.00			123.24		.12
HEROIN DETOX CLINIC	0	0		.00		.00	.00			.00		.00
RURAL HEALTH CLINIC	308	410		35,995.30		87.79	.20			116.87		17.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		DEC MON		דם∩מי				EC.		D	AGE 18,536
MOP024	FEE-FOR-SERVICE/DEN		CES MON	III-OF-PAIMENT KE	POKI	FOR UAN	2005 1111	ע ט	EC.	2003	F	01/29/04
YUBA COUNTY	SUMMARY OF SERVICES		י מזפדים	TN DA EAMTITEC		AID CODE	20					01/29/04
IUBA COUNTI	SUMMARY OF SERVICES	FOR EDWARDS	CASES	N PA-FAMILIES		AID CODE		MO	ודידידו	ILY AVERA	C E	
2,018 ELIGIBLES	HOEDG INT		,	EXPENDIMINE	7. 7. 7. 7.							
2,018 ELIGIBLES		TS OF SERVICE		EXPENDITURES		RAGE COST						COST PER
OLI OFFIED DROUTDEDG		DAYS OF CARE		6 615 24		UNIT/DAY				USER		ELIGIBLE
@ALL OTHER PROVIDERS	125	473	\$	6,615.34	\$	13.99		34	Ş	52.92	Ş	3.28
DURABLE MED. EQUIP.	7	10		609.75		60.98	.00			87.11		.30
BLOOD BANK	0	0		.00		.00	.00			.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.00			.00		.00
MEDICAL TRANSPORTATION	21	171		2,352.86		13.76	.08			112.04		1.17
AMBULANCES/AIR TRANS	21	170		2,352.86		13.84	.08			112.04		1.17
OTHER TRANS	0	0		.00		.00	.00	0 (		.00		.00
OTHER SERVICES	1	1		.00		.00	.00	0 (		.00		.00
ACUPUNCTURE	2	4		64.88		16.22	.00	2		32.44		.03
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.00			.00		.00
GENETIC DISEASE TESTING	2	2		210.00		105.00	.00			105.00		.10
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.00			.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.00			.00		.00
	ű	•				• • •		-				

11	24		240.15		10.01	.012	21.83		.12
3	11		148.74		13.52	.005	49.58		.07
0	0		.00		.00	.000	.00		.00
3	5		314.05		62.81	.002	104.68		.16
3	5		314.05		62.81	.002	104.68		.16
0	0		.00		.00	.000	.00		.00
1	3		227.88		75.96	.001	227.88		.11
1	2		90.48		45.24	.001	90.48		.04
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
74	241		2,356.55		9.78	.119	31.85		1.17
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
0	0		.00		.00	.000	.00		.00
3	28	\$	5,662.51	\$	202.23	.014	\$ 1887.50	\$	2.81
0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
	11 3 0 3 3 0 1 1 0 0 74 0 0 0 0 3	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0       0       .00         3       5       314.05         3       5       314.05         0       0       .00         1       3       227.88         1       2       90.48         0       0       .00         0       0       .00         74       241       2,356.55         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00	3       11       148.74         0       0       .00         3       5       314.05         3       5       314.05         0       0       .00         1       3       227.88         1       2       90.48         0       0       .00         0       0       .00         0       0       .00         74       241       2,356.55         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       .00       .00         0       0       .00         0       0       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00	3       11       148.74       13.52         0       0       .00       .00         3       5       314.05       62.81         3       5       314.05       62.81         0       0       .00       .00         1       3       227.88       75.96         1       2       90.48       45.24         0       0       .00       .00         0       0       .00       .00         74       241       2,356.55       9.78         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00 <td>3       11       148.74       13.52       .005         0       0       .00       .00       .000         3       5       314.05       62.81       .002         3       5       314.05       62.81       .002         0       0       .00       .00       .000         1       3       227.88       75.96       .001         1       2       90.48       45.24       .001         0       0       .00       .00       .000         0       0       .00       .00       .000         74       241       2,356.55       9.78       .119         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000</td> <td>3       11       148.74       13.52       .005       49.58         0       0       .00       .00       .000       .00         3       5       314.05       62.81       .002       104.68         3       5       314.05       62.81       .002       104.68         0       0       .00       .00       .000       .00         1       3       227.88       75.96       .001       227.88         1       2       90.48       45.24       .001       90.48         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         74       241       2,356.55       9.78       .119       31.85         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0</td> <td>3       11       148.74       13.52       .005       49.58         0       0       .00       .00       .000       .00         3       5       314.05       62.81       .002       104.68         3       5       314.05       62.81       .002       104.68         0       0       .00       .00       .000       .00         1       3       227.88       75.96       .001       227.88         1       2       90.48       45.24       .001       90.48         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         74       241       2,356.55       9.78       .119       31.85         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0</td>	3       11       148.74       13.52       .005         0       0       .00       .00       .000         3       5       314.05       62.81       .002         3       5       314.05       62.81       .002         0       0       .00       .00       .000         1       3       227.88       75.96       .001         1       2       90.48       45.24       .001         0       0       .00       .00       .000         0       0       .00       .00       .000         74       241       2,356.55       9.78       .119         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000	3       11       148.74       13.52       .005       49.58         0       0       .00       .00       .000       .00         3       5       314.05       62.81       .002       104.68         3       5       314.05       62.81       .002       104.68         0       0       .00       .00       .000       .00         1       3       227.88       75.96       .001       227.88         1       2       90.48       45.24       .001       90.48         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         74       241       2,356.55       9.78       .119       31.85         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0	3       11       148.74       13.52       .005       49.58         0       0       .00       .00       .000       .00         3       5       314.05       62.81       .002       104.68         3       5       314.05       62.81       .002       104.68         0       0       .00       .00       .000       .00         1       3       227.88       75.96       .001       227.88         1       2       90.48       45.24       .001       90.48         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         74       241       2,356.55       9.78       .119       31.85         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,537 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04

----- MONTHLY AVERAGE -----

YUBA COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

282 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
OMOMAL ALL DROUTDERS	0.0	OR DAYS OF CARE	4	07 250 47	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	90	509	<b>&gt;</b>	27,359.47	\$ 53.75	1.805 \$		\$ 97.02
@PHYSICIANS SERVICES	24	60 \$	P .	2,252.01	\$ 37.53	.213 \$		\$ 7.99
OUTPATIENT VISITS	11	15		556.66	37.11	.053	50.61	1.97
OFFICE VISITS	/	9		315.74	35.08	.032	45.11	1.12
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	3		136.70	45.57	.011	68.35	.48
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3		104.22	34.74	.011	34.74	.37
INPATIENT VISITS	3	7		277.07	39.58	.025	92.36	.98
HOSPITAL VISITS	3	7		277.07	39.58	.025	92.36	.98
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		15.09	15.09	.004	15.09	.05
PRINCIPAL SURGEON	1	1		15.09	15.09	.004	15.09	.05
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		11.32	11.32	.004	11.32	.04
RADIOLOGY	10	13		412.70	31.75	.046	41.27	1.46
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	6	23		979.17	42.57	.082	163.20	3.47
@PHARMACY	43		\$	10,319.82	\$ 86.72	.422 \$	240.00	
PRESCRIPTION DRUGS	43	119	т	10,319.82	86.72	.422	240.00	36.60
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	43	119		10,319.82	86.72	.422	240.00	36.60

MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	4	17	\$	262.00	\$	15.41	.060	\$ 65.50	\$	.93
VISITS - DIAGNOSTIC	4	17		262.00		15.41	.060	65.50		.93
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUE	ES MONTH-	OF-PAYMENT RI	EPORT	FOR JAN 20	003 THRU I	DEC 2003	PA	GE 18,538
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR	R SST APE	EAT./NLDC	TN PA-DISABIJ	ED AT	D CODES 6N	6P			

YUBA COUNTY

IUBA COUNTI	SUMMARI OF SER	VICES FOR SSI AP	PEAL,	NLDC IN PA-DISABL	ED A	TO CODES OF			HLY AVERA	CE	
282 ELIGIBLES	USERS	UNITS OF SERVIC	T.	EXPENDITURES	7. 7. 7	ERAGE COST		-	COST PER	.GE	COST PER
ZOZ ELIGIBLES	USERS	OR DAYS OF CAR		EXPENDITORES		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	OR DAIS OF CAR	ь \$	.00	\$	.00	.000		.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą	.00
	0	0		.00		.00			.00		.00
EYE APPLIANCES	0	0					.000				
OTHER OPTOMETRIC SERVICES	0	0	4	.00	۲.	.00	.000	4	.00	۲,	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0	4	.00	4	.00	.000	4	.00	4	.00
@PODIATRIST	0	U	\$	.00	\$	.00	.000	Ş	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	Ş	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	1	1	\$	24.00	\$	24.00	.004	\$	24.00	\$	.09
@TOTAL HOSPITAL	29	221	\$	9,978.16	\$	45.15	.784	\$	344.07	\$	35.38
HOSP INPATIENT TOTAL	2	6		6,235.91		1039.32	.021		3117.96		22.11
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	6		6,235.91		1039.32	.021		3117.96		22.11
ACCOMMODATIONS	2	6		1,976.76		329.46	.021		988.38		7.01
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	6		1,976.76		329.46	.021		988.38		7.01
ANCILLARIES	2	0		4,259.15		.00	.000		2129.58		15.10
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	27	215		3,742.25		17.41	.762		138.60		13.27
MEDICAL	10	14		598.43		42.75	.050		59.84		2.12
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	13	103		583.82		5.67	.365		44.91		2.07
RADIOLOGY	9	9		296.31		32.92	.032		32.92		1.05
ROOM USE	19	20		715.43		35.77	.071		37.65		2.54
CROSSOVERS/ALL OTH OUTPTNT	15	69		1,548.26		22.44	.245		103.22		5.49
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00	•	.00	.000	•	.00	•	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 18,539

MOP024 01/29/04 FEE-FOR-SERVICE/DENTAL YUBA COUNTY

YUBA COUNTY	SUMMARY OF SERV	ICES FOR SSI AP	PEAL,	/NLDC IN PA-DISABL	ED AII	CODES 6N					
200			_				M				
282 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY				COST PER
	0.0	OR DAYS OF CAR		0 000 16			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	29	221	\$	9,978.16	\$	45.15	.784	Ş	344.07	Ş	35.38
COMM HOSP INPATIENT TOTAL	2	6		6,235.91	1	L039.32	.021		3117.96		22.11
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	2	6		6,235.91		L039.32	.021		3117.96		22.11
ACCOMMODATIONS	2	6		1,976.76		329.46	.021		988.38		7.01
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	6		1,976.76		329.46	.021		988.38		7.01
ANCILLARIES	2 2	0		4,259.15		.00	.000		2129.58		15.10
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	27	215		3,742.25		17.41	.762		138.60		13.27
MEDICAL	10	14		598.43		42.75	.050		59.84		2.12
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	13	103		583.82		5.67	.365		44.91		2.07
RADIOLOGY	9	9		296.31		32.92	.032		32.92		1.05
ROOM USE	19	20		715.43		35.77	.071		37.65		2.54
CROSSOVERS/ALL OTH OUTPTNT		69		1,548.26		22.44	.245		103.22		5.49
	0	0	4		\$			\$		\$	
@STATE HOSPITAL	0		\$	.00	Ą	.00	.000	Ą	.00	Ą	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	4	.00	à	.00	.000	4	.00	4	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
LEV A-INTERMEDIATE	U	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	10	\$	78.39	\$	7.84	.035	\$	19.60	\$	. 28
PATHOLOGY	4	10		78.39		7.84	.035		19.60		. 28
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	31	47	\$	3,867.48	\$	82.29	.167	\$	124.76	Ś	13.71
CLINIC	1	2	٧	22.94	Υ	11.47	.007	٧	22.94	٧	.08
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	30	45		3,844.54		85.43	.160		128.15		13.63
#CALIF DEPT OF HEALTH SERV			מבכ ו	MONTH-OF-PAYMENT R	דת∩חיד			חבר		г	PAGE 18,540
MOP024			KES I	MONIH-OF-PAIMENT R	EPOR1	FOR UAN 2	UMAI COUL	DEC	2003	P	01/29/04
	FEE-FOR-SERVICE		דעידות	/NIDG IN DA DICADI	א א דו	O CODEC EN	T 6D				01/29/04
YUBA COUNTY	SUMMARI OF SERV	ICES FOR SSI AP	PEAL,	NLDC IN PA-DISABL	ED AIL	CODES OF			א משונה אנודו	OF.	
202 ELIGIBLES	HODDO	INITED OF CERTIFIC	-		7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7	AGE GOGE	M				
282 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY				COST PER
ONLI OMILIA DROLLIDADA	1.0	OR DAYS OF CAR		E 7 8 6 1			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	12	34	\$	577.61	\$	16.99	.121	Ş	48.13	Ş	2.05
DURABLE MED. EQUIP.	1	1		99.99		99.99	.004		99.99		.35
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0		.00		.00	.000	. (	0 (	.00	
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	. (	00	.00	
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	. (	0 (	.00	
OTHER TRANS	0	0		.00		.00	.000	. (	0 (	.00	
OTHER SERVICES	0	0		.00		.00	.000	. (	0 (	.00	
ACUPUNCTURE	0	0		.00		.00	.000	. (	0 (	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	. (	0 (	.00	
GENETIC DISEASE TESTING	0	0		.00		.00	.000	. (	0 (	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	. (	0 (	.00	
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	. (	0 (	.00	
OPTICIAN	1	2		16.64	3	3.32	.007	16.6	54	.06	
PHYSICAL THERAPIST	0	0		.00		.00	.000	. (	0 (	.00	
PORTABLE X-RAY	0	0		.00		.00	.000	. (	0 (	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	. (	0 (	.00	
PROSTHETICS	0	0		.00		.00	.000	. (	00	.00	
ORTHOTICS	0	0		.00		.00	.000	. (	00	.00	
PSYCHOLOGIST	0	0		.00		.00	.000	. (	00	.00	
SPEECH AND AUDIOLOGY	2	10		262.21	26	5.22	.035	131.3	L1	.93	
HOSPICE SERVICES	0	0		.00		.00	.000	. (	00	.00	
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	. (	00	.00	
LOCAL EDUCATION AGENCIES	7	20		179.04	3	3.95	.071	25.5	58	.63	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	. (	00	.00	
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	. (	00	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	. (	00	.00	
ALL OTHER PROVIDERS	1	1		19.73		9.73	.004	19.		.07	
@CALIF. CHILDREN SERVICES*	14	153	\$		•	L.95	.543		72 \$		
@XOVER EXCLUDING STATE HOSP**	1	1	\$	19.73	\$ 19	9.73	.004	\$ 19.	73 \$	.07	
⇒ # momaid in minde ithed and divis	ד מתוכת משט ול מוג דוגה		TITIDA ONTESZ								

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,541 MOP024 FEE-FOR-SERVICE/DENTAL 01/29/04 YUBA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

IUDA COUNTI	SUMMARI OF SERV	VICES FOR CRAIG CF	70F9-	AGED IN PA-AGED	AID COD	E IE		
						MO	NTHLY AVERAG	E
51 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	79	3,349	\$	103,573.95	\$ 30.93	65.667	\$ 1311.06	\$ 2030.86
@PHYSICIANS SERVICES	7	12	\$	110.10	\$ 9.18	.235	\$ 15.73	\$ 2.16
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DIALYSIS	0	0		.00		.00	.000	.00	)	.00
PATHOLOGY	0	0		.00		.00	.000	.00	)	.00
RADIOLOGY	0	0		.00		.00	.000	.00	)	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	)	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	)	.00
OTHER SERVICES/ALL X-OVERS	7	12		110.10		9.18	.235	15.73	3	2.16
@PHARMACY	61	412	\$	15,590.23	\$	37.84	8.078	\$ 255.58	\$	305.69
PRESCRIPTION DRUGS	61	197		15,320.86		77.77	3.863	251.16	;	300.41
SNF/ICF	25	101		5,399.01		53.46	1.980	215.96	,	105.86
OUTPATIENTS	36	96		9,921.85		103.35	1.882	275.63		194.55
MEDICAL SUPPLIES	3	215		269.37		1.25	4.216	89.79	)	5.28
@DENTIST	7	7	\$	215.00	\$	30.71	.137	\$ 30.73	. \$	4.22
VISITS - DIAGNOSTIC	5	5		110.00		22.00	.098	22.00	)	2.16
ORAL SURGERY	0	0		.00		.00	.000	.00	)	.00
DRUGS	0	0		.00		.00	.000	.00	)	.00
ANESTHESIA	0	0		.00		.00	.000	.00	)	.00
PERIODONTICS	0	0		.00		.00	.000	.00	)	.00
ENDODONTICS	0	0		.00		.00	.000	.00	)	.00
RESTORATIVE DENTISTRY	1	1		60.00		60.00	.020	60.00	)	1.18
PROSTHETICS	0	0		.00		.00	.000	.00	)	.00
DENTURES, STAYPLATES	1	1		45.00		45.00	.020	45.00	)	.88
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	)	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	)	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	)	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	)	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	)	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	JRES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2003 THRU	DEC 2003	F	AGE 18,542
MOP024	FEE-FOR-SERVICE/DENTAL									01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	AGED IN PA-AGED		AID CO	DE 1E			
							M	ONTHLY AVE	AGE	

						M	ONT	HLY AVERA	GE	
51 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3	6	\$ 119.06	\$	19.84	.118	\$	39.69	\$	2.33
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	2	4	63.60		15.90	.078		31.80		1.25
OTHER OPTOMETRIC SERVICES	1	2	55.46		27.73	.039		55.46		1.09
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1	1	\$ 840.00	\$	840.00	.020	\$	840.00	\$	16.47
HOSP INPATIENT TOTAL	1	1	840.00		840.00	.020		840.00		16.47
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	1	840.00		840.00	.020		840.00		16.47
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	Ō	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	003 THRU DEC	2003	PAGE 18,543
MOP024	FEE-FOR-SERVICE/DENT	AL					01/29/04
YUBA COUNTY	SUMMARY OF SERVICES	FOR CRAIG CASES-	AGED IN PA-AGED	AID CODE	1E		
					MONT		
51 ELIGIBLES		S OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1 \$	840.00	\$ 840.00	.020 \$		\$ 16.47
COMM HOSP INPATIENT TOTAL	1	1	840.00	840.00	.020	840.00	16.47
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

51 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
JI EDIGIBLES	CNECO	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY	,	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1 \$	840.00	\$ 840.00	.020		
COMM HOSP INPATIENT TOTAL	1	1 Y	840.00	840.00	.020	840.00	16.47
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	1	840.00	840.00	.020	840.00	16.47
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000	5 .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	27	654 \$	77,889.83	\$ 119.10	12.824	\$ 2884.81	\$ 1527.25
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	27	654	77,889.83	119.10	12.824	2884.81	1527.25
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	Ο	Λ	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
	U	U					
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	4	4	\$ 2,023.89	\$ 505.97	.078	\$ 505.97	\$ 39.68
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	4	4	2,023.89	505.97	.078	505.97	39.68
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	4	\$ 84.67	\$ 21.17	.078	\$ 21.17	\$ 1.66
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

84.67 .078 21.17 RURAL HEALTH CLINIC 21.17 1.66 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 #CALIF DEPT OF HEALTH SERV PAGE 18,544

01/29/04

MOP024 FEE-FOR-SERVICE/DENTAL YUBA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

					MO	NTHLY AVERA	GE
51 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	17	2,249 \$	6,701.17	\$ 2.98	44.098	\$ 394.19	\$ 131.40
DURABLE MED. EQUIP.	1	2	35.43	17.72	.039	35.43	.69
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	25.00	25.00	.020	25.00	.49
MEDICAL TRANSPORTATION	7	524	2,512.40	4.79	10.275	358.91	49.26
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	7	524	2,512.40	4.79	10.275	358.91	49.26
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	2	6	438.40	73.07	.118	219.20	8.60
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	5	59.33	11.87	.098	19.78	1.16
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	30	3,408.60	113.62	.588	3408.60	66.84
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	1,681	222.01	.13	32.961	55.50	4.35
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	14	22 \$	4,851.73	\$ 220.53	.431	\$ 346.55	\$ 95.13
@* TOTALS IN THESE LINES ARE GIVEN	I AS A SEPAR	ATE INFORMATION ITEM	ONLY;				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,545 FEE-FOR-SERVICE/DENTAL MOP024 01/29/04 YUBA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

TODA COUNT	DOMINITAL OF DELLA	TCDD IOIC	CIUITO	.11010	DUTIND IN IN DUTIN	ILLD CODI	. 20		
							MOI	NTHLY AVERA	GE
11 ELIGIBLES	USERS	UNITS OF	SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS	OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	17		700	\$	15,713.61	\$ 22.45	63.636	924.33	\$ 1428.51
@PHYSICIANS SERVICES	4		16	\$	2,336.33	\$ 146.02	1.455	584.08	\$ 212.39
OUTPATIENT VISITS	3		4		88.52	22.13	.364	29.51	8.05
OFFICE VISITS	3		4		88.52	22.13	.364	29.51	8.05
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00	.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
OUTPATIENT SURGERY	3	9		2,236.59	248.51	.818		745.53		203.33
PRINCIPAL SURGEON	2	3		1,846.01	615.34	.273		923.01		167.82
ASSISTANT SURGEON	1	1		244.60	244.60	.091		244.60		22.24
ANESTHESIOLOGIST	1	5		145.98	29.20	.455		145.98		13.27
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	3	3		11.22	3.74	.273		3.74		1.02
RADIOLOGY	0	0		.00	.00	.000		.00		.00
PSYCHIATRY	0	Ô		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	Ô		.00	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	Ő		.00	.00	.000		.00		.00
@PHARMACY	13	364	\$	5,917.97	\$ 16.26	33.091	\$		\$	538.00
PRESCRIPTION DRUGS	13	61	٧	4,972.44	81.52	5.545	~	382.50	٧	452.04
SNF/ICF	0	0		.00	.00	.000		.00		.00
OUTPATIENTS	13	61		4,972.44	81.52	5.545		382.50		452.04
MEDICAL SUPPLIES	2	303		945.53	3.12	27.545		118.19		85.96
@DENTIST	0	0	\$	.00	\$ .00	.000	\$		\$	.00
VISITS - DIAGNOSTIC	0	0	Y	.00	.00	.000	Ų	.00	Ÿ	.00
ORAL SURGERY	0	0		.00	.00	.000		.00		.00
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	0	0		.00	.00	.000		.00		.00
PERIODONTICS	0	0		.00	.00	.000		.00		.00
ENDODONTICS ENDODONTICS	0	0		.00	.00	.000		.00		.00
	0	0		.00				.00		.00
RESTORATIVE DENTISTRY PROSTHETICS	0	0		.00	.00	.000		.00		
	0	0				.000				.00
DENTURES, STAYPLATES	0	0		.00	.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES MC	NTH-OF-PAYMENT REF	PORT FOR JAN	2003 THRU	DEC	2003	P	AGE 18,546
MOP024	FEE-FOR-SERVICE/DENTAL		~-~-			0-				01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FO	R CRAIG	CASES-	- BLIND IN PA-BLIND	AID CO				~-	
11						M	-		-	
11 FT.TCTRT.FC	PTIMII PARPII	OF GERVIC	191	PADLMULTAIDEC	AMEDIAGE COST	1. HMILLG/DAV	· ·	いろい ひれひ	(	TOOT DED

11 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	0	0	.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	3	5	\$ 83.60	\$	16.72	.455	\$	27.87	\$ 7.60
VISITS	3	5	83.60		16.72	.455		27.87	7.60
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	0	0	.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	5	206	\$ 6,428.72	\$	31.21	18.727	\$	1285.74	\$ 584.43
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
@TOTAL HOSPITAL	3	12	\$ 508.95	\$	42.41	1.091	\$	169.65	\$ 46.27

HOSP INPATIENT TOTAL	0	0		.00		.00		.00		.00
HSC HOSPITALS	0	0		.00		.00		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	0	.00		.00
ACCOMMODATIONS	0	0		.00		.00	0	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	0	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	0	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	0	.00		.00
ANCILLARIES	0	0		.00		.00	0	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	0	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	0	.00		.00
HOSP OUTPATIENT TOTAL	3	12		08.95	42.	41 1.09	1	169.65		46.27
MEDICAL	1	1		55.81	55.	81 .09	1	55.81		5.07
SURGERY	1	1	1	50.00	150.	00 .09	1	150.00		13.64
PATHOLOGY	1	4		42.71	10.		4	42.71		3.88
RADIOLOGY	0	0		.00		00 .00	0	.00		.00
ROOM USE	2	3	2	225.93	75.	31 .27	3	112.97		20.54
CROSSOVERS/ALL OTH OUTPTNT	1	3		34.50	11.	50 .27	3	34.50		3.14
@COUNTY HOSPITAL TOTAL	0	0 \$	5	.00	\$.	00 .00	0 \$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		00 .00		.00	•	.00
HSC HOSPITALS	0	0		.00		00 .00	0	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		00 .00	0	.00		.00
ACCOMMODATIONS	0	0		.00		00 .00	0	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		00 .00	0	.00		.00
TRANSITIONAL IP CARE	0	0		.00		00 .00		.00		.00
ALL OTHER ACCOM	0	0		.00		.00		.00		.00
ANCILLARIES	0	0		.00		00 .00		.00		.00
INPATIENT CROSSOVERS	0	0		.00		00 .00		.00		.00
ALL OTHER INPATIENT	0	0		.00		00 .00		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		00 .00		.00		.00
MEDICAL	0	0		.00		00 .00	0	.00		.00
SURGERY	0	0		.00		00 .00	0	.00		.00
PATHOLOGY	0	0		.00		00 .00		.00		.00
RADIOLOGY	0	0		.00		00 .00		.00		.00
ROOM USE	0	0		.00		00 .00		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		00 .00		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAY	MENT RE	EPORT FOR	JAN 2003 THR	U DEC	C 2003	PAGE	18,547
MOP024	FEE-FOR-SERVICE/DI	ENTAL								1/29/04
YUBA COUNTY	SUMMARY OF SERVICE		SES- BLIND IN	PA-BLIN	ND AID	CODE 2E				,
							MONT	THLY AVERA	GE	
11 ELIGIBLES	USERS UI	NITS OF SERVICE	EXPEND	TURES	AVERAGE	COST UNITS/D		COST PER		ST PER
- · · · ·						,				

11						IIIIII AVEKA	
11 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	12	\$ 508.95	\$ 42.41	1.091 \$	169.65	\$ 46.27
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	12	508.95	42.41	1.091	169.65	46.27
MEDICAL	1	1	55.81	55.81	.091	55.81	5.07
SURGERY	1	1	150.00	150.00	.091	150.00	13.64
PATHOLOGY	1	4	42.71	10.68	.364	42.71	3.88
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	3	225.93	75.31	.273	112.97	20.54
CROSSOVERS/ALL OTH OUTPTNT	1	3	34.50	11.50	.273	34.50	3.14
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	16	\$	171.55	\$	10.72	1.455	\$	171.55	\$	15.60
PATHOLOGY	1	16		171.55		10.72	1.455		171.55		15.60
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	IRES MO	NTH-OF-PAYMENT RE	PORT	' FOR JAN 20	03 THRU	DEC	2003	PP	GE 18,548
MOP024	FEE-FOR-SERVICE/DENTAL										01/29/04
YUBA COUNTY	SUMMARY OF SERVICES FOR	CRAIG	CASES-	- BLIND IN PA-BLIN	1D	AID CODE					
						-	M	IONTI	HLY AVERA	GE -	

					MON	I'HLY AVERAG	E
11 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	81 \$	266.49	\$ 3.29	7.364 \$	266.49	\$ 24.23
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	81	266.49	3.29	7.364	266.49	24.23
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00	0	.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	1	4	\$	807.50	0 \$	201.88	.364	\$	807.50	\$	73.41
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	0 \$	.00	.000	\$	.00	\$	.00
@* TOTALS IN THESE LINES ARE G	GIVEN AS A SEPARA	TE INFORMATION	ITEM	ONLY;							
THE AMOUNTS ARE ALREADY INC	CLUDED IN THE APP	ROPRIATE DETAI	L LIN	ES ABOVE.							
** THESE DATA ARE INCLUDED IN	THE APPROPRIATE	DETAIL LINES	ABOVE								
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDIT	URES	MONTH-OF-PAYMENT	REPOR'	r for Jan	2003 THRU	DEC	2003	Ρ	AGE 18,549
MOP024	FEE-FOR-SERVICE/	DENTAL									01/29/04
YUBA COUNTY	SUMMARY OF SERVI	CES FOR CRAIG	CASE	S- DISABLED IN PA	A-DISA	BLED AID C	ODE 6E				
							M	ONT:	HLY AVERA	GE	
442 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	S AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CA	RE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	483	14,609	\$	248,604.53	1 \$	17.02	33.052	\$	514.71	\$	562.45
@PHYSICIANS SERVICES	96	227	\$	5,712.29	9 \$	25.16	.514	\$	59.50	\$	12.92
OUTPATIENT VISITS	32	42		1,337.79	5	31.85	.095		41.80		3.03
OFFICE VISITS	29	37		1,144.1	7	30.92	.084		39.45		2.59

HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	3	5		193.58	38.72	.011	64.53		.44
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00		.00		.00
OTHER OUTPATIENT	0	0		.00	.00		.00		.00
INPATIENT VISITS	1	6		339.70	56.62		339.70		.77
HOSPITAL VISITS	<u>-</u> 1	6		339.70	56.62		339.70		.77
CRITICAL CARE	0	0		.00	.00		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00		.00		.00
EXAMINATIONS	Ô	0		.00	.00		.00		.00
SERVICES AND MATERIALS	Ô	0		.00	.00		.00		.00
INPATIENT HOSPITAL SURGERY	1	1		118.76	118.76		118.76		.27
PRINCIPAL SURGEON	1	1		118.76	118.76		118.76		.27
ASSISTANT SURGEON	0	0		.00	.00		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00		.00		.00
OUTPATIENT SURGERY	2	0		574.23	63.80		191.41		1.30
	ა ე	3		426.84	142.28		213.42		.97
PRINCIPAL SURGEON	2	3							
ASSISTANT SURGEON	1	0		.00	.00		.00		.00
ANESTHESIOLOGIST	1	0		147.39	24.57		147.39		.33
DIALYSIS	0	0		.00	.00		.00		.00
PATHOLOGY	<u>~</u>	-		.00	.00		.00		.00
RADIOLOGY	16	25		776.45	31.06		48.53		1.76
PSYCHIATRY	0	0		.00	.00		.00		.00
IMMUNIZATION AND INJECTION	1	2		78.91	39.46		78.91		.18
OTHER SERVICES/ALL X-OVERS	49	142		2,486.49	17.51		50.74		5.63
@PHARMACY	386	4,702	\$	143,428.89	\$ 30.50		371.58	\$	324.50
PRESCRIPTION DRUGS	383	1,645		139,379.89	84.73		363.92		315.34
SNF/ICF	10	76		3,817.65	50.23		381.77		8.64
OUTPATIENTS	374	1,569		135,562.24	86.40		362.47		306.70
MEDICAL SUPPLIES	42	3,057		4,049.00	1.32		96.40		9.16
@DENTIST	19	72	\$	3,120.00	\$ 43.33		164.21	\$	7.06
VISITS - DIAGNOSTIC	14	43		800.00	18.60		57.14		1.81
ORAL SURGERY	3	4		450.00	112.50		150.00		1.02
DRUGS	0	0		.00	.00		.00		.00
ANESTHESIA	1	1		100.00	100.00		100.00		.23
PERIODONTICS	1	1		118.00	118.00		118.00		.27
ENDODONTICS	2	2		286.00	143.00	.005	143.00		.65
RESTORATIVE DENTISTRY	5	18		1,266.00	70.33	.041	253.20		2.86
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	1	2		100.00	50.00	.005	100.00		.23
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00		.00		.00
ALL OTHER SERVICES	1	1		.00	.00		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITE	JRES MO					PΙ	AGE 18,550
MOP024	FEE-FOR-SERVICE/DENT						 _000		01/29/04
YUBA COUNTY	SUMMARY OF SERVICES		CASES-	- DISABLED IN PA-	DISABLED ATD	CODE 6E			-1, 20, 01
			2			3022 01	 	~-	

----- MONTHLY AVERAGE -----USERS AVERAGE COST UNITS/DAYS COST PER 442 ELIGIBLES UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 11 29 513.77 17.72 .066 \$ 46.71 \$ 1.16 2 2 DIAGNOSTIC AND ANC. PROCED 94.90 47.45 .005 47.45 .21 25 415.41 16.62 .057 46.16 .94 EYE APPLIANCES 3.46 .01 OTHER OPTOMETRIC SERVICES 1.73 .005 3.46 @CHIROPRACTOR 1 16.72 16.72 .002 \$ 16.72 \$ .04 0 .00 .00 .000 .00 .00 VISITS 1 16.72 OTHER SERVICES 16.72 .002 16.72 .04 .00 .000 \$ @PODIATRIST \$ .00 .00 \$ .00

MEDICINE / INTECTIONS	0	Ō			.00		.00	.000		.00		.00
MEDICINE/INJECTIONS	0	0			.00		.00	.000		.00		.00
SURGERY/ANES. RADIO./PATHOLOGY	0	0 0			.00		.00	.000		.00		.00
OTHER	1	0			.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	Ċ		.00	ė.	.00	.000	ė.	.00	\$	.00
NURSE ANESTHESIST	0	0	ې د		.00	ن ب	.00	.000		.00		.00
ATTECH MEDITER	0	0	ې د		.00	ې ې	.00	.000		.00		
	0	0	Ş		.00	\$	.00	.000		.00		.00
PEDIAIRIC NURSE PRACILIIONER	1 2	26	ې د		455.45	ې ې	17.52	.059		35.03		1.03
FAMILY NURSE PRACTITIONER	13	20	ې د		27,354.73	ې ې	132.15			558.26		61.89
WIOCD INDATIFAT TOTAL	49	20 / 1 7	Ą		23,090.11	Ą	1358.24	.038	Ą	2565.57	Ą	52.24
HOSP INPALLENT TOTAL	0 0 13 49 9	0 0 0 0 0 26 207 17 0 9 9 0 0 0 9			.00					.00		.00
HOW HOS HOSDIENT HORAL	0	0			17,967.62		.00 1996.40	.000		8983.81		
NON-HSC HOSPITAL TOTAL	2	9			17,907.02		1990.40	.020		1704.47		40.65 7.71
ACCOMMODATIONS	2	9			3,408.93		3/0.//	.020				
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00 3,408.93		.00	.000		.00		.00
ALL OTHER ACCOM	2	9			3,408.93		378.77	.020		1704.47		7.71
ANCILLARIES	2	0			14,558.69 5,122.49		.00 640.31	.000		7279.35		32.94
INPATIENT CROSSOVERS	/	8			5,122.49		640.31	.018		731.78		11.59
ALL OTHER INPATIENT	0	100			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	42	190			4,264.62		22.45	.430		101.54		9.65
PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	11	11			511.37		46.49	.025		46.49		1.16
SURGERY	<u> </u>	3			183.26		61.09	.007		91.63		.41
PATHOLOGY	11	48			604.55		12.59	.109		54.96		1.37
RADIOLOGY	10	11			715.52		65.05	.025		71.55		1.62
ROOM USE	15	23			981.07		42.66	.052		65.40		2.22
CROSSOVERS/ALL OTH OUTPINT	25	94			1,268.85		13.50	.213		50.75	4	2.87
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	0	0	\$		.00	\$		.000	Ş			.00
CO HOSPITAL INPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
HSC HOSPITALS	U	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	Ü	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	Ü	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	Ü	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	Ü	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	Ü	0			.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	Ü	0			.00		.00	.000		.00		.00
MEDICAL	0	0			.00		.00	.000		.00		.00
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	U	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	Ü	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	U U CAL CEDITORS 3350	0		ONTERE OF	.00	-DO-	.00	.000	DE ~	.00		.00
#CALIF DEPT OF HEALTH SERV			KES M	ON.I.H-OI	- PAYMENI, KI	FPOR	T FOR JAN 2	ZUU3 THRU	DEC	∠003	PA	AGE 18,551 01/29/04
MOP024	FEE-FOR-SERVICE/DENTA		מתט גר	DTCN	י גם זאד חשונ	\T C *	מו מודים מיום	NDE EE				01/29/04
YUBA COUNTY	SUMMARY OF SERVICES F	OK CRAIG (	ASES	- DISA	STED IN PA-I	JISA	RPED AID CC		r∩n⊤m	יי מינונע אנווו	C E	
								Iv	IOM I	HLY AVERA	GE -	

442 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE \$ 132.15 558.26 \$ @COMMUNITY HOSPITAL TOTAL 49 207 27,354.73 .468 \$ 61.89 COMM HOSP INPATIENT TOTAL 9 17 23,090.11 1358.24 .038 2565.57 52.24 .00 HSC HOSPITALS 0 0 .00 .00 .000 .00 NON-HSC HOSPITALS TOTAL 9 17,967.62 1996.40 .020 8983.81 40.65 9 3,408.93 378.77 .020 1704.47 7.71 ACCOMMODATIONS 0 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE 0 0 .00 .00 .000 .00 .00 7.71 2 9 3,408.93 378.77 1704.47 ALL OTHER ACCOM .020 2 0 14,558.69 7279.35 32.94 ANCILLARIES .00 .000

INPATIENT CROSSOVERS	7	8		5,122.49		640.31	.018		731.78		11.59
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	42	190		4,264.62		22.45	.430		101.54		9.65
MEDICAL	11	11		511.37		46.49	.025		46.49		1.16
SURGERY	2	3		183.26		61.09	.007		91.63		.41
PATHOLOGY	11	48		604.55		12.59	.109		54.96		1.37
RADIOLOGY	10	11		715.52		65.05	.025		71.55		1.62
ROOM USE	15	23		981.07		42.66	.052		65.40		2.22
CROSSOVERS/ALL OTH OUTPINT	25	94		1,268.85		13.50	.213		50.75		2.87
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	16	412	\$	50,693.36	\$	123.04	.932	\$	3168.34	\$	114.69
LEV A-INTERMEDIATE	0	0	·	.00	•	.00	.000		.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	16	412		50,693.36		123.04	.932		3168.34		114.69
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	·	.00	•	.00	.000		.00	•	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3	5	\$	1,341.23	\$	268.25	.011	\$	447.08	\$	3.03
HOSPITAL BASED	0	0	·	.00	•	.00	.000		.00	•	.00
HEMODIALYSIS CENTER	3	5		1,341.23		268.25	.011		447.08		3.03
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	·	.00	•	.00	.000		.00	•	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	12	71	\$	1,090.36	\$	15.36	.161	\$	90.86	\$	2.47
PATHOLOGY	11	66	·	1,089.00	•	16.50	.149		99.00	•	2.46
XO AND OTHERS	1	5		1.36		. 27	.011		1.36		.00
@ORGANIZED OUTPATIENT CLINIC	79	131	\$	7,614.34	\$	58.12	.296	\$	96.38	\$	17.23
CLINIC	1	5		60.60	•	12.12	.011		60.60	•	.14
SURGICENTER	6	19		962.72		50.67	.043		160.45		2.18
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	74	107		6,591.02		61.60	.242		89.07		14.91
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI		RES M		EPORT			DEC		PI	AGE 18,552
MOP024	FEE-FOR-SERVICE/DENTA						_	_		_	01/29/04
YUBA COUNTY	SUMMARY OF SERVICES I		CASES	- DISABLED IN PA-I	DISAE	BLED AID CODE	6E				, -,
								TNOI	HLY AVERA	.GE -	
AAA ELICIDIEC	TICEDO IINTEG	CE CEDITA	To.	EADEMDIAIDEC	7/ 7/ 7/ 7	DACE COCE IINIT					משת שפסי

					MOIN	ITLI AVERAG	E
442 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	62	8,726 \$	7,263.37	\$ .83	19.742 \$	117.15	\$ 16.43
DURABLE MED. EQUIP.	4	5	361.01	72.20	.011	90.25	.82
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	737.72	368.86	.005	368.86	1.67
MEDICAL TRANSPORTATION	8	41	671.37	16.37	.093	83.92	1.52
AMBULANCES/AIR TRANS	6	34	617.14	18.15	.077	102.86	1.40
OTHER TRANS	1	4	21.14	5.29	.009	21.14	.05
OTHER SERVICES	1	3	33.09	11.03	.007	33.09	.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	2	7	1,248.35	178.34	.016	624.18	2.82
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	17	190.09	11.18	.038	21.12	.43
PHYSICAL THERAPIST	1	16	224.40	14.03	.036	224.40	.51
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	45.98	22.99	.005	45.98	.10

PROSTHETICS	1	2	45.98	22.99	.005	45.98	.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	12	485	1,735.27	3.58	1.097	144.61	3.93
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	29	8,151	2,049.18	. 25	18.441	70.66	4.64
@CALIF. CHILDREN SERVICES*	7	28	\$ 1,754.08	\$ 62.65	.063	\$ 250.58	\$ 3.97
@XOVER EXCLUDING STATE HOSP**	73	231	\$ 12,472.76	\$ 53.99	.523	\$ 170.86	\$ 28.22

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 FEE-FOR-SERVICE/DENTAL

PAGE 18,553

01/29/04

YUBA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

YUBA COUNTY	SUMMARY OF SER	VICES FOR CRAIG	CASES-	- TOTAL IN PA-TOTA	AL	MON	100111 37 3 3 1 1 1 D 3	CE.	
EQ4 BLIGIBLES	HGEDG	INTEG OF GERMAN		EXPENDIMINE	ATTED A CEL COCE	MON		-	OST PER
504 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST		COST PER USER	_	LIGIBLE
	579		.ь \$	367,892.07	PER UNIT/DAY \$ 19.72	37.020			729.94
@TOTAL, ALL PROVIDERS	107	18,658 255	۶ \$		\$ 19.72 \$ 31.99	.506		\$ \$	16.19
@PHYSICIANS SERVICES		46	Ş	8,158.72				Ş	
OUTPATIENT VISITS	35			1,426.27	31.01	.091	40.75		2.83
OFFICE VISITS	32 0	41 0		1,232.69	30.07	.081	38.52		2.45
HOME VISITS	3	0 5		.00	.00	.000	.00		.00
EMERGENCY ROOM	3	5		193.58	38.72	.010	64.53		.38
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0 6		.00	.00	.000	.00		.00
INPATIENT VISITS	1	6		339.70	56.62	.012	339.70		.67
HOSPITAL VISITS	Ţ	6		339.70	56.62	.012	339.70		.67
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	U			.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	1	1		118.76	118.76	.002	118.76		. 24
PRINCIPAL SURGEON	1	1		118.76	118.76	.002	118.76		.24
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	6	18		2,810.82	156.16	.036	468.47		5.58
PRINCIPAL SURGEON	4	6		2,272.85	378.81	.012	568.21		4.51
ASSISTANT SURGEON	1	1		244.60	244.60	.002	244.60		.49
ANESTHESIOLOGIST	2	11		293.37	26.67	.022	146.69		.58
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	3	3		11.22	3.74	.006	3.74		.02
RADIOLOGY	16	25		776.45	31.06	.050	48.53		1.54
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	1	2		78.91	39.46	.004	78.91		.16
OTHER SERVICES/ALL X-OVERS	56	154		2,596.59	16.86	.306	46.37	4.	5.15
@PHARMACY	460	5,478	\$		\$ 30.11	10.869 \$		\$	327.26
PRESCRIPTION DRUGS	457	1,903		159,673.19	83.91	3.776	349.39		316.81
SNF/ICF	35	177		9,216.66	52.07	.351	263.33		18.29
OUTPATIENTS	423	1,726		150,456.53	87.17	3.425	355.69		298.52
MEDICAL SUPPLIES	53	3,575		5,263.90	1.47	7.093	99.32		10.44
@DENTIST	26	79	\$	3,335.00	\$ 42.22	.157 \$		\$	6.62
VISITS - DIAGNOSTIC	19	48		910.00	18.96	.095	47.89		1.81
ORAL SURGERY	3	4		450.00	112.50	.008	150.00		.89

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.002	100.00	.20
PERIODONTICS	1	1	118.00	118.00	.002	118.00	.23
ENDODONTICS	2	2	286.00	143.00	.004	143.00	.57
RESTORATIVE DENTISTRY	6	19	1,326.00	69.79	.038	221.00	2.63
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3	145.00	48.33	.006	72.50	.29
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES M	IONTH-OF-PAYMENT REPORT	FOR JAN	2003 THRU DEC	2003	PAGE 18,554
MOP024	FEE-FOR-SERVICE/DENTA	AL.					01/29/04
YUBA COUNTY	SUMMARY OF SERVICES E	FOR CRAIG CASES	S- TOTAL IN PA-TOTAL				
							~ —

----- MONTHLY AVERAGE -----

504 ELIGIBLES		S OF SERVICE DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	14	35 \$	632.83	\$ 18.08	.069 \$	45.20	\$ 1.26
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.004	47.45	.19
EYE APPLIANCES	11	29	479.01	16.52	.058	43.55	.95
OTHER OPTOMETRIC SERVICES	2	4	58.92	14.73	.008	29.46	.12
@CHIROPRACTOR	4	6 \$	100.32	\$ 16.72	.012 \$	25.08	
VISITS	3	5	83.60	16.72	.012	27.87	.17
OTHER SERVICES	1	1	16.72	16.72	.002	16.72	.03
@PODIATRIST	1	0 \$	.00	\$ .00	.000 \$	.00	
MEDICINE/INJECTIONS	0	0 Ş	.00	.00	.000 \$	.00	.00
	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0				.00	
RADIO./PATHOLOGY	0		.00	.00	.000		.00
OTHER		0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	5	206 \$	6,428.72	\$ 31.21	.409 \$	1285.74	\$ 12.76
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	13	26 \$	455.45	\$ 17.52	.052 \$		\$ .90
@TOTAL HOSPITAL	53	220 \$	28,703.68	\$ 130.47	.437 \$	541.58	\$ 56.95
HOSP INPATIENT TOTAL	10	18	23,930.11	1329.45	.036	2393.01	47.48
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	9	17,967.62	1996.40	.018	8983.81	35.65
ACCOMMODATIONS	2	9	3,408.93	378.77	.018	1704.47	6.76
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	9	3,408.93	378.77	.018	1704.47	6.76
ANCILLARIES	2	0	14,558.69	.00	.000	7279.35	28.89
INPATIENT CROSSOVERS	8	9	5,962.49	662.50	.018	745.31	11.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	45	202	4,773.57	23.63	.401	106.08	9.47
MEDICAL	12	12	567.18	47.27	.024	47.27	1.13
SURGERY	3	4	333.26	83.32	.008	111.09	.66
PATHOLOGY	12	52	647.26	12.45	.103	53.94	1.28
RADIOLOGY	10	11	715.52	65.05	.022	71.55	1.42
ROOM USE	17	26	1,207.00	46.42	.052	71.00	2.39
CROSSOVERS/ALL OTH OUTPTNT	26	97	1,303.35	13.44	.192	50.13	2.59
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM ANCILLARIES	0	0	.00				
	0	0		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	Ü	Ü	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		MONTH-OF-PAYMENT R	EPORT FOR JAN	2003 THRU DEC	2003	PAGE 18,555
MOP024	FEE-FOR-SERVICE/DENT						01/29/04
YUBA COUNTY	SUMMARY OF SERVICES	FOR CRAIG CASES	S- TOTAL IN PA-TOT	AL			
					MONT	PHIV AMEDA	그다

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 504 ELIGIBLES

ACOMMINITES HOLD TENT TOTAL	53	OR DAYS OF CARE	4	20 702 60		R UNIT/DAY			USER	۲,	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	10	220 18	\$	28,703.68 23,930.11	\$	130.47 1329.45	.437	Ş	541.58 2393.01	\$	56.95 47.48
HSC HOSPITALS	0	0		23,930.11		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	2	9		17,967.62		1996.40	.018		8983.81		35.65
	2	9		3,408.93		378.77	.018		1704.47		6.76
ACCOMMODATIONS	0	0									
ADMINISTRATIVE DAYS	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	9 0		3,408.93		378.77	.018		1704.47		6.76
ANCILLARIES	2			14,558.69		.00	.000		7279.35		28.89
INPATIENT CROSSOVERS	8	9		5,962.49		662.50	.018		745.31		11.83
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	45	202		4,773.57		23.63	.401		106.08		9.47
MEDICAL	12	12		567.18		47.27	.024		47.27		1.13
SURGERY	3	4		333.26		83.32	.008		111.09		.66
PATHOLOGY	12	52		647.26		12.45	.103		53.94		1.28
RADIOLOGY	10	11		715.52		65.05	.022		71.55		1.42
ROOM USE	17	26		1,207.00		46.42	.052		71.00		2.39
CROSSOVERS/ALL OTH OUTPTNT	26	97		1,303.35		13.44	.192		50.13		2.59
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	43	1,066	\$	128,583.19	\$	120.62	2.115	\$	2990.31	\$	255.13
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	43	1,066		128,583.19		120.62	2.115		2990.31		255.13
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00		\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	7	9 0	\$	3,365.12	\$	373.90	.018	\$	480.73	\$	6.68
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	7	9 0		3,365.12		373.90	.018		480.73		6.68
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	13	87	\$	1,261.91	\$	14.50	.173	\$	97.07	\$	2.50
PATHOLOGY	12	82		1,260.55		15.37	.163		105.05		2.50
XO AND OTHERS	1	5		1.36		.27	.010		1.36		.00
@ORGANIZED OUTPATIENT CLINIC	83	135	\$	7,699.01	\$	57.03	.268	\$	92.76	\$	15.28
CLINIC	1	5		60.60		12.12	.010		60.60		.12
SURGICENTER	6	19		962.72		50.67	.038		160.45		1.91
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	78	111		6,675.69		60.14	.220		85.59		13.25
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES N	MONTH-OF-PAYMENT R	EPOR1	FOR JAN	2003 THRU	DEC	2003	F	AGE 18,556
MOP024	FEE-FOR-SERVICE										01/29/04
YUBA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG C	ASES	S- TOTAL IN PA-TOTA	AL						
							M	IONT	HLY AVERA	GE.	
504 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	80	11,056		14,231.03	\$				177.89		
DURABLE MED. EQUIP.	5	7	•	396.44	•		.014		79.29		.79
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	3	3		762.72		254.24	.006		254.24		1.51
MEDICAL TRANSPORTATION	15	565		3,183.77			1.121		212.25		6.32
AMBULANCES/AIR TRANS	6	34		617.14		5.63 18.15	.067		102.86		1.22
OTHER TRANS	8	528		2,533.54		4.80	1.048		316.69		5.03
	Ç .	323		2,333.31							

OTHER SERVICES	1	3	33.09	11.03	.006	33.09	.07
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	4	13	1,686.75	129.75	.026	421.69	3.35
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	22	249.42	11.34	.044	20.79	.49
PHYSICAL THERAPIST	1	16	224.40	14.03	.032	224.40	.45
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	2	45.98	22.99	.004	45.98	.09
PROSTHETICS	1	2	45.98	22.99	.004	45.98	.09
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	30	3,408.60	113.62	.060	3408.60	6.76
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	13	566	2,001.76	3.54	1.123	153.98	3.97
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	33	9,832	2,271.19	.23	19.508	68.82	4.51
@CALIF. CHILDREN SERVICES*	8	32	\$ 2,561.58	\$ 80.05	.063	\$ 320.20	\$ 5.08
@XOVER EXCLUDING STATE HOSP**	87	253	\$ 17,324.49	\$ 68.48	.502	\$ 199.13	\$ 34.37

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2003 THRU DEC 2003 PAGE 18,557 MOP024 FEE-FOR-SERVICE/DENTAL 901/29/04 SUMMARY OF SERVICES FOR TOTAL CERTIFIED

MONTHITY ATTENANT

					MO	NTHLY AVERA	GE
209,018 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	119,410	1,463,438 \$	58,855,223.90	\$ 40.22	7.001	\$ 492.88	\$ 281.58
@PHYSICIANS SERVICES	27,894	91,814 \$	3,467,566.25	\$ 37.77	.439		
OUTPATIENT VISITS	11,834	13,864	559,155.61	40.33	.066	47.25	2.68
OFFICE VISITS	9,952	11,695	408,053.00	34.89	.056	41.00	1.95
HOME VISITS	26	35	2,131.82	60.91	.000	81.99	.01
EMERGENCY ROOM	707	813	44,021.29	54.15	.004	62.26	.21
PREVENTIVE CARE	3	3	137.55	45.85	.000	45.85	.00
OB VISITS/COMPRE PERI	878	714	87,628.86	122.73	.003	99.81	.42
OTHER OUTPATIENT	522	604	17,183.09	28.45	.003	32.92	.08
INPATIENT VISITS	1,513	6,397	410,299.76	64.14	.031	271.18	1.96
HOSPITAL VISITS	1,367	4,864	221,492.86	45.54	.023	162.03	1.06
CRITICAL CARE	198	1,362	183,081.80	134.42	.007	924.66	.88
SNF/ICF/TRANS IP CARE	84	171	5,725.10	33.48	.001	68.16	.03
OPHTHALMOLOGICAL SERVICES	554	663	28,709.89	43.30	.003	51.82	.14
EXAMINATIONS	538	647	28,384.89	43.87	.003	52.76	.14
SERVICES AND MATERIALS	16	16	325.00	20.31	.000	20.31	.00
INPATIENT HOSPITAL SURGERY	1,646	7,611	876,253.59	115.13	.036	532.35	4.19
PRINCIPAL SURGEON	1,036	1,339	691,815.55	516.67	.006	667.78	3.31
ASSISTANT SURGEON	185	186	33,215.48	178.58	.001	179.54	.16
ANESTHESIOLOGIST	760	6,086	151,222.56	24.85	.029	198.98	.72
OUTPATIENT SURGERY	1,836	5,399	368,247.54	68.21	.026	200.57	1.76
PRINCIPAL SURGEON	1,403	1,806	285,165.62	157.90	.009	203.25	1.36
ASSISTANT SURGEON	40	41	4,604.44	112.30	.000	115.11	.02
ANESTHESIOLOGIST	582	3,552	78,477.48	22.09	.017	134.84	.38
DIALYSIS	106	294	28,232.27	96.03	.001	266.34	.14
PATHOLOGY	1,117	1,794	27,863.69	15.53	.009	24.95	.13
RADIOLOGY	8,751	14,885	523,100.26	35.14	.071	59.78	2.50
PSYCHIATRY	16	19	761.08	40.06	.000	47.57	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	533	2,707		59,784.40		22.09	.013		112.17		.29
OTHER SERVICES/ALL X-OVERS	9,449	38,181		585,158.16		15.33	.183		61.93		2.80
@PHARMACY	72,848	523,575	\$	21,043,810.70	Ś	40.19	2.505	Ś	288.87	Ś	100.68
PRESCRIPTION DRUGS	72,160	247,636	т.	19,901,592.05	-	80.37	1.185	т	275.80	т.	95.21
SNF/ICF	1,393	9,769		548,157.08		56.11	.047		393.51		2.62
OUTPATIENTS	70 824	237,867		19,353,434.97		81.36	1.138		273.26		92.59
MEDICAL SUPPLIES	70,824 4,749	275,939		1,142,218.65		4.14	1.320		240.52		5.46
MEDICAL SUPPLIES	4,749	•	4		4	38.15	.217	4		4	
@DENTIST	9,838	45,262	\$	1,726,832.40	\$			Þ	175.53	Þ	8.26
VISITS - DIAGNOSTIC	6,611	27,773		410,182.46		14.77	.133		62.05		1.96
ORAL SURGERY	1,46/	3,638		189,709.20		52.15	.017		129.32		.91
DRUGS	163	193		3,755.00		19.46	.001		23.04		.02
@DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS	105	105		9,755.00		92.90	.001		92.90		.05
PERIODONTICS	277	310		47,275.00		152.50	.001		170.67		.23
ENDODONTICS	728	1,582		208,787.25		131.98	.008		286.80		1.00
RESTORATIVE DENTISTRY	3,337	9,322		605,843.15		64.99	.045		181.55		2.90
PROSTHETICS	28	28		750.00		26.79	.000		26.79		.00
DENTURES, STAYPLATES	462	1,280		187,032.15		146.12	.006		404.83		.89
SPACE MAINTAINERS	55	76		8,120.00		106.84	.000		147.64		.04
MAXILLOFACIAL SERVICES	26	26		2,262.69		87.03	.000		87.03		.01
FRACTURES, DISLOCATIONS	2	2		1,450.00		725.00	.000		725.00		.01
PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	440	589		49,585.50		84.19	.003		112.69		.24
ALL OTHER SERVICES	179	338		2,325.00		6.88	.002		12.99		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAI. SERVIC	ES AND EXPENDITURE	ES MO		EDOR'			DEC		D	AGE 18,558
MOP024	FEE-FOR-SERVICE			SIVIII OI IIIIIIIIVI ICI	DI OIC	1 1010 07110 2	1005 11110	рцс	. 2005	_	01/29/04
YUBA COUNTY		ICES FOR TOTAL C	ודייםים	ET ED							01/25/04
IUBA COUNTI	SUMMARI OF SERV	ICES FOR TOTAL CI	PKITI	LIED							
							M	$\cap$ NTT	AULD VILL	CF	
209 018 FLTGTBLES	IIGFPG	IMITE OF SFRUICE		PADEMULLINEC	77.7	FRACE COST	MO				
209,018 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST	UNITS/DAY	S	COST PER		COST PER
·		OR DAYS OF CARE			PE:	R UNIT/DAY	UNITS/DAY	S	COST PER USER		COST PER ELIGIBLE
@OPTOMETRIST	3,153	OR DAYS OF CARE 8,775		192,824.96		R UNIT/DAY 21.97	UNITS/DAY PER ELIG .042	S	COST PER USER 61.16		COST PER ELIGIBLE .92
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	3,153 1,780	OR DAYS OF CARE 8,775 1,852		192,824.96 82,864.44	PE:	R UNIT/DAY 21.97 44.74	UNITS/DAY PER ELIG .042 .009	S	COST PER USER 61.16 46.55		COST PER ELIGIBLE .92 .40
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	3,153 1,780	OR DAYS OF CARE 8,775 1,852 6,717		192,824.96 82,864.44 105,842.14	PE:	R UNIT/DAY 21.97 44.74 15.76	UNITS/DAY PER ELIG .042 .009 .032	S	COST PER USER 61.16 46.55 44.23		COST PER ELIGIBLE .92 .40 .51
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	3,153 1,780	OR DAYS OF CARE 8,775 1,852 6,717 206	\$	192,824.96 82,864.44 105,842.14 4,118.38	PE: \$	R UNIT/DAY 21.97 44.74 15.76 19.99	UNITS/DAY PER ELIG .042 .009 .032 .001	\$	COST PER USER 61.16 46.55 44.23 29.63	\$	COST PER ELIGIBLE .92 .40 .51
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	3,153 1,780	OR DAYS OF CARE 8,775 1,852 6,717 206 1,569		192,824.96 82,864.44 105,842.14 4,118.38 25,466.82	PE:	R UNIT/DAY 21.97 44.74 15.76 19.99 16.23	UNITS/DAY PER ELIG .042 .009 .032 .001	\$	COST PER USER 61.16 46.55 44.23 29.63 35.42	\$	COST PER ELIGIBLE .92 .40 .51 .02
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	3,153 1,780	OR DAYS OF CARE 8,775 1,852 6,717 206 1,569 1,495	\$	192,824.96 82,864.44 105,842.14 4,118.38 25,466.82 24,611.84	PE: \$	R UNIT/DAY 21.97 44.74 15.76 19.99 16.23 16.46	UNITS/DAY PER ELIG .042 .009 .032 .001 .008	\$	COST PER USER 61.16 46.55 44.23 29.63 35.42 36.14	\$	COST PER ELIGIBLE .92 .40 .51 .02 .12
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	3,153 1,780	OR DAYS OF CARE 8,775 1,852 6,717 206 1,569 1,495 74	\$	192,824.96 82,864.44 105,842.14 4,118.38 25,466.82 24,611.84 854.98	PE: \$	R UNIT/DAY 21.97 44.74 15.76 19.99 16.23 16.46 11.55	UNITS/DAY. PER ELIG .042 .009 .032 .001 .008 .007	\$ \$	COST PER USER 61.16 46.55 44.23 29.63 35.42 36.14 22.50	\$	COST PER ELIGIBLE .92 .40 .51 .02 .12 .12
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	3,153 1,780	OR DAYS OF CARE 8,775 1,852 6,717 206 1,569 1,495 74 689	\$	192,824.96 82,864.44 105,842.14 4,118.38 25,466.82 24,611.84 854.98 11,422.65	PE: \$	R UNIT/DAY 21.97 44.74 15.76 19.99 16.23 16.46 11.55 16.58	UNITS/DAY. PER ELIG .042 .009 .032 .001 .008 .007 .000	\$ \$	COST PER USER 61.16 46.55 44.23 29.63 35.42 36.14 22.50 24.89	\$	COST PER ELIGIBLE .92 .40 .51 .02 .12 .12 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	3,153 1,780	OR DAYS OF CARE 8,775 1,852 6,717 206 1,569 1,495 74 689 100	\$	192,824.96 82,864.44 105,842.14 4,118.38 25,466.82 24,611.84 854.98 11,422.65 2,734.93	PE: \$	R UNIT/DAY 21.97 44.74 15.76 19.99 16.23 16.46 11.55 16.58 27.35	UNITS/DAY. PER ELIG .042 .009 .032 .001 .008 .007 .000 .003	\$ \$	COST PER USER 61.16 46.55 44.23 29.63 35.42 36.14 22.50 24.89 35.06	\$	COST PER ELIGIBLE .92 .40 .51 .02 .12 .12 .00 .05
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	3,153 1,780	OR DAYS OF CARE 8,775 1,852 6,717 206 1,569 1,495 74 689 100 5	\$	192,824.96 82,864.44 105,842.14 4,118.38 25,466.82 24,611.84 854.98 11,422.65 2,734.93 833.02	PE: \$	R UNIT/DAY 21.97 44.74 15.76 19.99 16.23 16.46 11.55 16.58 27.35 166.60	UNITS/DAY. PER ELIG .042 .009 .032 .001 .008 .007 .000 .003	\$ \$	COST PER USER 61.16 46.55 44.23 29.63 35.42 36.14 22.50 24.89 35.06 277.67	\$	COST PER ELIGIBLE .92 .40 .51 .02 .12 .12 .00 .05 .01
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	3,153 1,780	OR DAYS OF CARE 8,775 1,852 6,717 206 1,569 1,495 74 689 100 5	\$	192,824.96 82,864.44 105,842.14 4,118.38 25,466.82 24,611.84 854.98 11,422.65 2,734.93	PE: \$	R UNIT/DAY 21.97 44.74 15.76 19.99 16.23 16.46 11.55 16.58 27.35 166.60 17.30	UNITS/DAY. PER ELIG .042 .009 .032 .001 .008 .007 .000 .003	\$ \$	COST PER USER 61.16 46.55 44.23 29.63 35.42 36.14 22.50 24.89 35.06	\$	COST PER ELIGIBLE .92 .40 .51 .02 .12 .12 .00 .05 .01
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	3,153 1,780	OR DAYS OF CARE 8,775 1,852 6,717 206 1,569 1,495 74 689 100 5	\$	192,824.96 82,864.44 105,842.14 4,118.38 25,466.82 24,611.84 854.98 11,422.65 2,734.93 833.02 207.60 7,647.10	PE: \$	R UNIT/DAY 21.97 44.74 15.76 19.99 16.23 16.46 11.55 16.58 27.35 166.60	UNITS/DAY. PER ELIG .042 .009 .032 .001 .008 .007 .000 .003 .000 .000 .000	\$ \$	COST PER USER 61.16 46.55 44.23 29.63 35.42 36.14 22.50 24.89 35.06 277.67	\$	COST PER ELIGIBLE .92 .40 .51 .02 .12 .12 .00 .05 .01
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	3,153 1,780	OR DAYS OF CARE 8,775 1,852 6,717 206 1,569 1,495 74 689 100 5	\$	192,824.96 82,864.44 105,842.14 4,118.38 25,466.82 24,611.84 854.98 11,422.65 2,734.93 833.02 207.60	PE: \$	R UNIT/DAY 21.97 44.74 15.76 19.99 16.23 16.46 11.55 16.58 27.35 166.60 17.30	UNITS/DAY. PER ELIG .042 .009 .032 .001 .008 .007 .000 .003 .000 .000	\$ \$	COST PER USER 61.16 46.55 44.23 29.63 35.42 36.14 22.50 24.89 35.06 277.67 29.66	\$	COST PER ELIGIBLE .92 .40 .51 .02 .12 .12 .00 .05 .01
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	3,153 1,780	OR DAYS OF CARE 8,775 1,852 6,717 206 1,569 1,495 74 689 100 5 12 572	\$ \$	192,824.96 82,864.44 105,842.14 4,118.38 25,466.82 24,611.84 854.98 11,422.65 2,734.93 833.02 207.60 7,647.10	PE. \$ \$	R UNIT/DAY 21.97 44.74 15.76 19.99 16.23 16.46 11.55 16.58 27.35 166.60 17.30 13.37	UNITS/DAY. PER ELIG .042 .009 .032 .001 .008 .007 .000 .003 .000 .000 .000	Ω	COST PER USER 61.16 46.55 44.23 29.63 35.42 36.14 22.50 24.89 35.06 277.67 29.66 20.02	\$ \$	COST PER ELIGIBLE .92 .40 .51 .02 .12 .12 .00 .05 .01
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	3,153 1,780	OR DAYS OF CARE 8,775 1,852 6,717 206 1,569 1,495 74 689 100 5 12 572 3,730	\$ \$	192,824.96 82,864.44 105,842.14 4,118.38 25,466.82 24,611.84 854.98 11,422.65 2,734.93 833.02 207.60 7,647.10 163,233.24	PE. \$ \$ \$ \$	R UNIT/DAY 21.97 44.74 15.76 19.99 16.23 16.46 11.55 16.58 27.35 166.60 17.30 13.37 43.76	UNITS/DAY. PER ELIG .042 .009 .032 .001 .008 .007 .000 .003 .000 .000 .0003 .018	O O O O O	COST PER USER 61.16 46.55 44.23 29.63 35.42 36.14 22.50 24.89 35.06 277.67 29.66 20.02 240.05	43 43 43 43	COST PER ELIGIBLE .92 .40 .51 .02 .12 .12 .00 .05 .01 .00 .00 .04 .78
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	3,153 1,780 2,393 139 719 681 38 459 78 3 7	OR DAYS OF CARE 8,775 1,852 6,717 206 1,569 1,495 74 689 100 5 12 572 3,730 416	\$ \$ \$	192,824.96 82,864.44 105,842.14 4,118.38 25,466.82 24,611.84 854.98 11,422.65 2,734.93 833.02 207.60 7,647.10 163,233.24 4,334.93	PE. \$ \$ \$	R UNIT/DAY 21.97 44.74 15.76 19.99 16.23 16.46 11.55 16.58 27.35 166.60 17.30 13.37 43.76 10.42 195.64	UNITS/DAY. PER ELIG .042 .009 .032 .001 .008 .007 .000 .003 .000 .000 .000 .001	0	COST PER USER 61.16 46.55 44.23 29.63 35.42 36.14 22.50 24.89 35.06 277.67 29.66 20.02 240.05 90.31	\$\$ \$\$ \$\$ \$\$	COST PER ELIGIBLE .92 .40 .51 .02 .12 .00 .05 .01 .00 .00 .00 .04 .78 .02
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	3,153 1,780 2,393 139 719 681 38 459 78 3 7 382 680 48 160	OR DAYS OF CARE 8,775 1,852 6,717 206 1,569 1,495 74 689 100 5 12 572 3,730 416 558 0	ないない な ないない	192,824.96 82,864.44 105,842.14 4,118.38 25,466.82 24,611.84 854.98 11,422.65 2,734.93 833.02 207.60 7,647.10 163,233.24 4,334.93 109,166.41	PE: \$	R UNIT/DAY 21.97 44.74 15.76 19.99 16.23 16.46 11.55 16.58 27.35 166.60 17.30 13.37 43.76 10.42 195.64 .00	UNITS/DAY. PER ELIG .042 .009 .032 .001 .008 .007 .000 .003 .000 .000 .000 .000 .003 .018 .002 .003	מ מ מ מ מ מ מ	COST PER USER 61.16 46.55 44.23 29.63 35.42 36.14 22.50 24.89 35.06 277.67 29.66 20.02 240.05 90.31 682.29	<i>\tau</i> \tau \tau \tau \tau \tau \tau \tau \tau	COST PER ELIGIBLE .92 .40 .51 .02 .12 .00 .05 .01 .00 .04 .78 .02 .52 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	3,153 1,780 2,393 139 719 681 38 459 78 3 7 382 680 48 160 0	OR DAYS OF CARE 8,775 1,852 6,717 206 1,569 1,495 74 689 100 5 12 572 3,730 416 558 0 7,175	\$ \$ \$ \$ \$ \$ \$	192,824.96 82,864.44 105,842.14 4,118.38 25,466.82 24,611.84 854.98 11,422.65 2,734.93 833.02 207.60 7,647.10 163,233.24 4,334.93 109,166.41 .00 110,222.76	PE S S S S S S S S S S S S S S S S S S S	R UNIT/DAY 21.97 44.74 15.76 19.99 16.23 16.46 11.55 16.58 27.35 166.60 17.30 13.37 43.76 10.42 195.64 .00 15.36	UNITS/DAY. PER ELIG .042 .009 .032 .001 .008 .007 .000 .003 .000 .000 .003 .018 .002 .003 .002 .003	מ מ מ מ מ מ מ מ מ מ מ	COST PER USER 61.16 46.55 44.23 29.63 35.42 36.14 22.50 24.89 35.06 277.67 29.66 20.02 240.05 90.31 682.29 .00 36.70	<i>\tau</i>	COST PER ELIGIBLE .92 .40 .51 .02 .12 .00 .05 .01 .00 .04 .78 .02 .52 .00 .53
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	3,153 1,780 2,393 139 719 681 38 459 78 3 7 382 680 48 160 0 3,003 19,345	OR DAYS OF CARE 8,775 1,852 6,717 206 1,569 1,495 74 689 100 5 12 572 3,730 416 558 0 7,175 99,305	טי טי טי טי טי טי טי טי	192,824.96 82,864.44 105,842.14 4,118.38 25,466.82 24,611.84 854.98 11,422.65 2,734.93 833.02 207.60 7,647.10 163,233.24 4,334.93 109,166.41 .00 110,222.76 17,525,158.53	PE S S S S S S S S S S S S S S S S S S S	R UNIT/DAY 21.97 44.74 15.76 19.99 16.23 16.46 11.55 16.58 27.35 166.60 17.30 13.37 43.76 10.42 195.64 .00 15.36 176.48	UNITS/DAY. PER ELIG .042 .009 .032 .001 .008 .007 .000 .000 .000 .000 .000 .003 .018 .002 .003 .000 .003	מ מ מ מ מ מ מ מ מ מ מ	COST PER USER 61.16 46.55 44.23 29.63 35.42 36.14 22.50 24.89 35.06 277.67 29.66 20.02 240.05 90.31 682.29 .00 36.70 905.93	th th th th th th th	COST PER ELIGIBLE .92 .40 .51 .02 .12 .12 .00 .05 .01 .00 .00 .04 .78 .02 .52 .00 .53 83.85
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	3,153 1,780 2,393 139 719 681 38 459 78 3 7 382 680 48 160 0 3,003 19,345 2,350	OR DAYS OF CARE 8,775 1,852 6,717 206 1,569 1,495 74 689 100 5 12 572 3,730 416 558 0 7,175 99,305 11,401	טי טי טי טי טי טי טי טי	192,824.96 82,864.44 105,842.14 4,118.38 25,466.82 24,611.84 854.98 11,422.65 2,734.93 833.02 207.60 7,647.10 163,233.24 4,334.93 109,166.41 .00 110,222.76 17,525,158.53 14,886,615.55	PE S S S S S S S S S S S S S S S S S S S	R UNIT/DAY 21.97 44.74 15.76 19.99 16.23 16.46 11.55 16.58 27.35 166.60 17.30 13.37 43.76 10.42 195.64 .00 15.36 176.48 1305.73	UNITS/DAY. PER ELIG .042 .009 .032 .001 .008 .007 .000 .003 .000 .000 .003 .018 .002 .003 .002 .003 .018 .002 .003	מ מ מ מ מ מימימימימי	COST PER USER 61.16 46.55 44.23 29.63 35.42 36.14 22.50 24.89 35.06 277.67 29.66 20.02 240.05 90.31 682.29 .00 36.70 905.93 6334.73	th th th th th th th	COST PER ELIGIBLE .92 .40 .51 .02 .12 .12 .00 .05 .01 .00 .00 .04 .78 .02 .52 .00 .53 83.85 71.22
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	3,153 1,780 2,393 139 719 681 38 459 78 3 7 382 680 48 160 0 3,003 19,345 2,350 295	OR DAYS OF CARE 8,775 1,852 6,717 206 1,569 1,495 74 689 100 5 12 572 3,730 416 558 0 7,175 99,305 11,401 2,679	טי טי טי טי טי טי טי טי	192,824.96 82,864.44 105,842.14 4,118.38 25,466.82 24,611.84 854.98 11,422.65 2,734.93 833.02 207.60 7,647.10 163,233.24 4,334.93 109,166.41 .00 110,222.76 17,525,158.53 14,886,615.55 3,538,860.57	PE S S S S S S S S S S S S S S S S S S S	R UNIT/DAY 21.97 44.74 15.76 19.99 16.23 16.46 11.55 16.58 27.35 166.60 17.30 13.37 43.76 10.42 195.64 .00 15.36 176.48 1305.73 1320.96	UNITS/DAY. PER ELIG .042 .009 .032 .001 .008 .007 .000 .003 .000 .000 .003 .018 .002 .003 .003 .018 .002 .003 .003 .018 .005 .005 .001 .003	מ מ מ מ מ מימימימימי	COST PER USER 61.16 46.55 44.23 29.63 35.42 36.14 2250 24.89 35.06 277.67 29.66 20.02 240.05 90.31 682.29 .00 36.70 905.93 6334.73 11996.14	th th th th th th th	COST PER ELIGIBLE .92 .40 .51 .02 .12 .12 .00 .05 .01 .00 .00 .04 .78 .02 .52 .00 .53 83.85 71.22 16.93
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	3,153 1,780 2,393 139 719 681 38 459 78 3 7 382 680 48 160 0 3,003 19,345 2,350 295 1,596	OR DAYS OF CARE 8,775 1,852 6,717 206 1,569 1,495 74 689 100 5 12 572 3,730 416 558 0 7,175 99,305 11,401 2,679 6,884	טי טי טי טי טי טי טי טי	192,824.96 82,864.44 105,842.14 4,118.38 25,466.82 24,611.84 854.98 11,422.65 2,734.93 833.02 207.60 7,647.10 163,233.24 4,334.93 109,166.41 .00 110,222.76 17,525,158.53 14,886,615.55 3,538,860.57 10,973,526.66	PE S S S S S S S S S S S S S S S S S S S	R UNIT/DAY 21.97 44.74 15.76 19.99 16.23 16.46 11.55 16.58 27.35 166.60 17.30 13.37 43.76 10.42 195.64 .00 15.36 176.48 1305.73 1320.96 1594.06	UNITS/DAY. PER ELIG .042 .009 .032 .001 .008 .007 .000 .003 .000 .000 .003 .018 .002 .003 .000 .003 .004 .475 .055 .013 .033	מ מ מ מ מ מימימימימי	COST PER USER 61.16 46.55 44.23 29.63 35.42 36.14 22.50 24.89 35.06 277.67 29.66 20.02 240.05 90.31 682.29 .00 36.70 905.93 6334.73 11996.14 6875.64	th th th th th th th	COST PER ELIGIBLE .92 .40 .51 .02 .12 .00 .05 .01 .00 .00 .04 .78 .02 .52 .00 .53 83.85 71.22 16.93 52.50
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	3,153 1,780 2,393 139 719 681 38 459 78 3 7 382 680 48 160 0 3,003 19,345 2,350 295	OR DAYS OF CARE 8,775 1,852 6,717 206 1,569 1,495 74 689 100 5 12 572 3,730 416 558 0 7,175 99,305 11,401 2,679	טי טי טי טי טי טי טי טי	192,824.96 82,864.44 105,842.14 4,118.38 25,466.82 24,611.84 854.98 11,422.65 2,734.93 833.02 207.60 7,647.10 163,233.24 4,334.93 109,166.41 .00 110,222.76 17,525,158.53 14,886,615.55 3,538,860.57	PE S S S S S S S S S S S S S S S S S S S	R UNIT/DAY 21.97 44.74 15.76 19.99 16.23 16.46 11.55 16.58 27.35 166.60 17.30 13.37 43.76 10.42 195.64 .00 15.36 176.48 1305.73 1320.96	UNITS/DAY. PER ELIG .042 .009 .032 .001 .008 .007 .000 .003 .000 .000 .003 .018 .002 .003 .003 .018 .002 .003 .003 .018 .005 .005 .001 .003	מ מ מ מ מ מימימימימי	COST PER USER 61.16 46.55 44.23 29.63 35.42 36.14 2250 24.89 35.06 277.67 29.66 20.02 240.05 90.31 682.29 .00 36.70 905.93 6334.73 11996.14	th th th th th th th	COST PER ELIGIBLE .92 .40 .51 .02 .12 .12 .00 .05 .01 .00 .00 .04 .78 .02 .52 .00 .53 83.85 71.22 16.93

0

0

6,406

1,838

87,904

8,440

1,809

29,641

.00

.00

2,729,530.96

8,135,649.96

2,638,542.98

374,228.32

410,310.11 88,006.06

368,717.84

.00

.00

.00

30.02

48.61

48.65

12.44

426.09

203.61

.000

.031

.000

.009

.000

.421

.040

.009

.142

0

1,576

1,595

18,097

5,542

1,519

7,119

479

.00

13.06

38.92

1.79

12.62

1.96

.42

1.76

.00

.00

.00

1731.94

5100.72

781.27

145.80

74.04

57.94

51.79

TRANSITIONAL IP CARE

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY ROOM USE	7,177 8,683	10,098 12,769	611,011.95 507,110.59	60.51 39.71	.048	85.13 58.40	2.92 2.43
CROSSOVERS/ALL OTH OUTPINT	7,361	25,147	653,386.43	25.98	.120	88.76	3.13
@COUNTY HOSPITAL TOTAL	61	295	\$ 35,102.35	\$ 118.99	.001	\$ 575.45	\$ .17
CO HOSPITAL INPATIENT TOTAL	8	23	26,309.02	1143.87	.000	3288.63	.13
HSC HOSPITALS	8	23	26,309.02	1143.87	.000	3288.63	.13
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	55	272	8,793.33	32.33	.001	159.88	.04
MEDICAL	16	24	921.99	38.42	.000	57.62	.00

SURGERY	11	12	339.54	28.30	.000	30.87	.00
PATHOLOGY	23	88	1,500.33	17.05	.000	65.23	.01
RADIOLOGY	10	20	1,626.44	81.32	.000	162.64	.01
ROOM USE	28	48	2,166.50	45.14	.000	77.38	.01
CROSSOVERS/ALL OTH OUTPINT	36	80	2,238.53	27.98	.000	62.18	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES M	IONTH-OF-PAYMENT REE	PORT FOR JAN 2	003 THRU DE	C 2003	PAGE 18,559
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/29/04
YUBA COUNTY	SUMMARY OF SERVICES	FOR TOTAL CERTI	FIED				
					MON	THLY AVERAG	E
209,018 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
against the country of the country o	10 000	00 010 4	15 400 056 10	1 1 5 6 6 5	4 4	006 01	+ 00 00

209.018   ELIGIBLES											
209,018 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER		UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE			PER		PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	19,298	99,010	\$	17,490,056.18	\$	176.65	.474	\$	906.31	\$	83.68
COMM HOSP INPATIENT TOTAL	2,342	11,378		14,860,306.53	1	306.06	.054		6345.14		71.10
HSC HOSPITALS	287	2,656		3,512,551.55	1	.322.50	.013		12238.86		16.81
NON-HSC HOSPITALS TOTAL	1,596	6,884		10,973,526.66	1	594.06	.033		6875.64		52.50
ACCOMMODATIONS	1,591	6,884		2,837,876.70		412.24	.033		1783.71		13.58
ADMINISTRATIVE DAYS	40	478		108,345.74		226.66	.002		2708.64		.52
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1.576	6.406		2.729.530.96		426.09	.031		1731.94		13.06
ANCTLLARTES	1.595	0		8.135.649.96		.00	.000		5100.72		38.92
INPATIENT CROSSOVERS	479	1.838		17,490,056.18 14,860,306.53 3,512,551.55 10,973,526.66 2,837,876.70 108,345.74 .00 2,729,530.96 8,135,649.96 374,228.32 .00 2,629,749.65 409,388.12 87,666.52 367,217.51 609,385.51 504,944.09 651,147.90		203.61	.009		781.27		1.79
ALL OTHER INPATIENT	1,0	1,030		00		00	.000		.00		.00
COMM HOSP OUTPATTENT TOTAL.	18 054	87 632		2 629 749 65		30 01	.419		145 66		12.58
MEDICAI.	5 527	8 416		409 388 12		48 64	.040		145.66 74.07		1.96
CIDCEDV	1 500	1 707		97 666 52		10.01	.009		58.13		.42
DATHOI OCV	7 100	20 552		267 217 51		10.70	.141		51.72		1.76
PATROLOGI	7,100	10 070		507,ZI7.5I		60 47	.048		85.00		2.92
RADIOLOGI DOOM LICE	7,109	10,076		E04 044 00		20.47	.048		58.31		2.42
CDOGGOVEDG / ALL OWN ONEDWAR	7,330	12,721		504,944.09		39.09	100				3.12
CROSSOVERS/ALL OIH OUIPINI	7,330	25,067	4	100 665 00	4	25.98 516.89	.120	٠ بـ	88.83	ė.	.90
@SIAIE HOSPIIAL	12	305	Ş	188,665.98	\$				15722.17	Þ	
MENTALLY ILL	12	365		188,665.98		516.89	.002		15722.17		.90
DEVELOP. DISABLED	0	0	_	.00		.00	.000	_	.00		.00
@NURSING FACILITY	1,643	45,700	\$	5,422,730.33	\$	118.66		Ş	3300.51	Ş	25.94
TEA Y-INLEKWEDIYLE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	12	365		38,742.03		106.14	.002		3228.50		.19
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	17	592		336,658.44		568.68	.003		19803.44		1.61
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1,616	44,743		5,047,329.86		112.81	.214		3123.35		24.15
@INTERMEDIATE CARE FACILDD	54	1,688	\$	268,419.04	\$	159.02		\$	4970.72	\$	1.28
ICF DDH	18	593		79,373.99		133.85	.003		4409.67		.38
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	36	1,095		189,045.05		172.64	.005		5251.25		.90
@HEMODIALYSIS TOTAL	400	10,659	\$	548,356.29	\$	51.45	.051	\$	1370.89	\$	2.62
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	400	10,659		548,356.29		51.45	.051		1370.89		2.62
@REHABILITATION FACILITY	40	95	\$	4,349.40	\$	45.78	.000	\$	108.74	\$	.02
HOSPITAL BASED	35	90		4,216.15		46.85	.000		120.46		.02
INDEPENDENT FACILITY	5	5		133.25		26.65	.000		26.65		.00
@LABORATORY FACILITY	8.364	37,200	\$	493,266.44	\$	13.26	.178	\$	58.97	\$	2.36
PATHOLOGY	8.319	37.141	т	492.580.36	4	13.26	.178	т.	59.21	т.	2.36
XO AND OTHERS	45	59		686.08		11.63	.000		15.25		.00
@ORGANIZED OUTPATIENT CLINIC	39.005	67.532	Ś	686.08 4,953,928.90	Ś			Ś	127.01	Ś	23.70
CLINIC	1.379	5.165	·r	137.120.28	Υ	73.36 26.55 39.78	.025	~	99.43	~	.66
SURGICENTER	318	1 355		53 896 92		39 78	.006		169.49		.26
HEROIN DETOX CLINIC	19	267		3 004 44		11.25	.001		158.13		.01
RIBAL HEALTH CLINIC	37 615	60 745		4 759 907 26		78.36	.291		126.54		22.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAI CEDUT	TEC AND EVENTITUDE	ZC M	T, 755, 567.26	FD∩pπ			חדכ		רו	AGE 18,560
MOP024	FEE-FOR-SERVICE	Z/DENTAI.	ויו טב	ONTH OF PAINENT RE		ION UAN A	LUUJ IIINU .	ا نار	2003		01/29/04
MOPUZ4	TEE-FOK-SEKVICI	TORGEROD MOMAL OF	-D	ETED							01/45/04

SUMMARY OF SERVICES FOR TOTAL CERTIFIED

YUBA COUNTY

209,018 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER		COST PER ELIGIBLE
@ALL OTHER PROVIDERS	20,220		; ;	2 FOF 467 97		2.475			12.42
		517,331	Ş	2,595,467.87				Þ	
DURABLE MED. EQUIP.	1,364	3,216		384,444.35	119.54	.015	281.85		1.84
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	202	245		53,510.57	218.41	.001	264.90		.26
MEDICAL TRANSPORTATION	2,610	68,525		539,538.04	7.87	.328	206.72		2.58
AMBULANCES/AIR TRANS	2,086	17,288		282,834.64	16.36	.083	135.59		1.35
OTHER TRANS	385	49,332		191,136.47	3.87	.236	496.46		.91
OTHER SERVICES	207	1,905		65,566.93	34.42	.009	316.75		.31
ACUPUNCTURE	45	98		1,670.64	17.05	.000	37.13		.01
ADULT DAY HEALTH CARE CTR	11	211		14,542.59	68.92	.001	1322.05		.07
GENETIC DISEASE TESTING	279	280		29,245.00	104.45	.001	104.82		.14
IHMC, MODEL-NF, NF, AIDS, MSSP	720	13,048		544,744.03	41.75	.062	756.59		2.61
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	2,681	5,951		65,286.90	10.97	.028	24.35		.31
PHYSICAL THERAPIST	112	494		7,449.58	15.08	.002	66.51		.04
PORTABLE X-RAY	35	66		592.33	8.97	.000	16.92		.00
PROSTHETIST/ORTHOTISTS	459	978		85,275.89		.005	185.79		.41
PROSTHETICS	447	959		83,499.62	87.07	.005	186.80		.40
ORTHOTICS	14	19		1,776.27	93.49	.000	126.88		.01
PSYCHOLOGIST	4	14		436.81	31.20	.000	109.20		.00
SPEECH AND AUDIOLOGY	530	1,335		62,142.96	46.55	.006	117.25		.30
HOSPICE SERVICES	30	712		81,699.07	114.75	.003	2723.30		.39
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	8,266	61,548		446,959.90	7.26	.294	54.07		2.14
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	4,160	360,610		277,929.21		1.725	66.81		1.33
@CALIF. CHILDREN SERVICES*	852	11,947	Ś	3,324,324.95		.057		Ś	15.90
@XOVER EXCLUDING STATE HOSP**	9,906	109,482	\$	1,576,201.00		.524			7.54

----- MONTHLY AVERAGE -----

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.